

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

## *RPSGB seeks technician self check views*

*Dentists told they will be paid up to £52 per hr for CPD*

*Call for patients to use Yellow Cards*

*Pharmaceutical care and those pilots*

*Numark Trading Ltd 'open for business'*

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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## COMMENT

Cor blimey, guv. Fifty-two quid just for doing some continuing education, and the Government's going to pay. That was our reaction to the news that dentists are to receive a continuing professional development allowance of up to £52 an hour depending on the amount of NHS work they do. At 15 hours a year this represents a tidy sum the British Dental Association has won for its members, who have recently adopted a re-certification scheme requiring all dentists to undertake at least 75 hours of verifiable CPD over a five year period.

If only pharmacy could receive such money. But how likely is that when the Royal Pharmaceutical Society has yet to decide when and by what means mandatory CPD should be introduced? And don't forget that there is still a sizeable portion of the profession that has a degree of concern about it being mandatory or even of grasping quite what the concept of CPD means. The dentists introduced their re-certification scheme 'recently', possibly in the knowledge that it would help influence the Treasury's purse strings. But for pharmacy, without that detail, or plan of firm intent, what hope is there of the pharmacy negotiating bodies going to Lord Hunt and asking for CPD money? And one other little matter - should it be the RPSGB or PSNC who sits down with the minister on this one? What is vital is to ensure that pharmacy CPD will be supported with additional money. Pharmacists cannot expect to self-fund CPD when it is the Government who is driving the standards agenda.

It is also worrying that the money promised to dentists will be used, in effect, to reward hourly credits for learning, or continuing education as we understand it. It may be just semantics, but let us hope that the Department is clear in its own mind that by calling the funding a 'CPD allowance' it will benefit dentists' overall performance, rather than just encourage them to have an afternoon off to attend a lecture

## Self-check for technicians

The RPSGB is to consult on self-checking by technicians

## Dentists to be paid for CPD

Dentists will receive up to £52 an hour for CPD training

## Council expenses - no more action likely

RPSGB Council satisfied over investigation into £100,000 plus expenses allegation

## Patients should be able to report ADRs

Health Watch says patients should be able to use the 'Yellow Card' scheme to help ADR reporting

## Who seeks to end stigma of mental health

The World Health Organization has launched a year-long mental health campaign

## Medicines management and pharmaceutical care

Douglas Simpson argues that England needs its own full pharmaceutical care study

## Take a holistic approach to health

The 59th BPSA Conference hears about the need to be informed about complementary healthcare

## Skincare - a back to basics approach is best

Neutrogena beauty journalist of the year Sarah Purcell describes the basis of good skincare

## Maximising your profits

Kirit Patel gives tips on how proprietors can get the most return from their businesses



## Numark Trading Ltd has officially opened

Numark's venture with Phoenix Medical Supplies officially launched on April 2

## Call made for national product code

A hospital working group is calling for a national product code to allow EDI in hospitals



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## NRT on FP10

Nicotine replacement therapy will be available on prescription in England and Northern Ireland from Tuesday.

The Department of Health issued the following statement on April 10:

"Regulations have been laid before Parliament which remove nicotine replacement therapy products from Schedule 10 to the General Medical Services Regulations from April 17. This means that GPs in England may prescribe such products from that date, and that pharmacies in England will be reimbursed for dispensing them. From 1 May, nurse prescribers in England will be able to prescribe nicotine replacement therapy. Unless and until an entry is included in Part VIII of the Drug Tariff, pharmacists should endorse prescriptions written generically with the brand and pack size.

"Nicotine replacement therapy products will also be prescribable in Northern Ireland from April 17. In Scotland, they will be prescribable from April 30. They remain on Schedule 10 in Wales."

## European survey on smoking attitudes

Pharmacists are being asked to take part in a European survey on their attitudes to smoking and their role in smoking cessation.

Over the next few weeks the Europharm Forum will send a questionnaire to a random sample of phar-

macies in Great Britain. In an accompanying letter the Royal Pharmaceutical Society's president, the National Pharmaceutical Association's chairman and the Europharm Forum's president will explain why it is important for phar-

macists to participate.

Colette McCreedy, NPA director of pharmacy practice and one of the UK representatives on Europharm Forum, says: "I urge pharmacists to find a few minutes to complete the questionnaire so that we can contribute to this European-wide survey. The results will be published in all participating countries in autumn 2001 and will be used to develop further the work done by Europharm Forum to promote and develop the role of the pharmacist in smoking cessation."

The European Commission is funding the work. Similar work is being done with doctors and nurses. The Europharm Forum is a forum of national pharmaceutical associations and the World Health Organisation's regional office for Europe.



**It's Easter, so it must be time for the British Pharmaceutical Students' Association annual conference. This year's conference, the 59th, is being held at the University of Portsmouth. Delegates have come from as far afield as Canada and New Zealand. Among the guest speakers has been Royal Pharmaceutical Society president Christine Glover who spoke about holistic healthcare. She is pictured here with BPSA president Noel Wicks (see also p10)**

## RPSGB to consult on self-checking by non-pharmacists

The Royal Pharmaceutical Society's Council has agreed to consult pharmacists on whether support staff should self-check for accuracy the items they have dispensed.

The Practice Committee has been considering a draft document giving guidance on the standard operating procedures for dispensing that pharmacists should have in place by 2005. The committee did not recommend self-checking by non-pharmacists but felt that, so long as a pharmacist always carried out a professional check, the SOP should not preclude self-checking for accuracy by technicians who were competent to do so.

The pharmacy sector committee of the Science, Technology and Mathematics National Training Organisation, on which the major pharmacy employers are represented, has also prepared a document on SOPs saying that self-checking by non-pharmacists should not be recommended.

But because trained technicians in hospitals might be competent to carry out this activity, the sector committee specifically asked the Practice Committee to examine the matter before approving a final draft of the

guidance for wider consultation.

At last week's Council meeting, Peter Curphey stressed it was not a matter of supervision but of accuracy checking. In hospitals the issue was not cut and dried. Council's current policy was that self-checking by non-pharmacists was not recommended, but there was a feeling that this policy was unsustainable.

Helen Remington said a pharmacist's knowledge was essential in confirming the safety and appropriateness of the prescription for the patient. But label generation, product assembly and labelling could all be done by trained technical staff. If technicians were competent to check as part of the dispensing process there seemed no reason to prevent them self-checking.

In hospitals second checking of all staff was normal but, if this was not feasible - as with on-call working or on the wards - then there had to be self-checking. Technicians were increasingly working at ward level, where part of their role was to re-label patients' own drugs on admission. Modernising the way technicians worked, taking into account risk assessment and competencies, was necessary to implement

new systems of supply and care. Alison Ewing agreed it would be impossible to implement 'Pharmacy in the future' and re-engineer the hospital service without using technicians as self-checkers at the patient's bedside, particularly to speed the discharge process.

Linda Stone pointed out that, while hospital pharmacists could exercise greater professional discretion over their working environment, trained support staff were sadly lacking in community pharmacy. Digby Emson was concerned, too, about patient safety - an SOP with a check in the process was safer than an SOP without a check; he would look for a way to incorporate the differences in hospital pharmacy without locking them into a policy.

Andrew Burr thought the profession did not have a future if it held on to the idea that non-pharmacists would not do dispensing checks in community pharmacy in the near future.

Bob Dawson thought one way to tackle the matter would be to get the SOL document out, while making it clear that the current policy on self-checking needed reviewing.

## Hospital calling

Pharmacy technicians and support staff are invited to find out about a career in hospital pharmacy at one of London's teaching hospitals.

The pharmacy department at the Royal Free Hampstead NHS Trust is holding an open day to show dispensers and assistants the range of opportunities available in the hospital sector.

Principal pharmacist Dr Robert Urquhart says: "We are very keen that staff from all areas of the profession come along. The technician's developing role in hospital offers a real career structure and the salaries are very competitive."

Anyone interested can call into the hospital on Thursday, April 26 between 2pm and 7pm.

## Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in March:

- Asthma (part 2) (1193)
- Irritable bowel syndrome (1194)
- Drugs and the elderly (1195)

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 08705 441188.

Internet users can catch up by accessing the dotpharmacy site which is found at <http://www.dotpharmacy.com>. The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.





# Dentists get £52 an hour

IN BRIEF

## Drug recall

Alpharma Ltd (formerly Cox) is recalling three batches of its Glyceryl Trinitrate Tablets 500mcg 100s as some bottles may be contaminated with glass slivers due to a manufacturing fault at the glass bottle supplier. The affected batches are: GF619 with expiry December 2002, and GF620 and GF621 both with expiry February 2003. All the affected batches have Cox Pharmaceuticals livery. The class 2 alert was issued on April 9. Further information is available from Alpharma on 01271 311377.

## Drug recall 2

Serono Pharmaceuticals Ltd is recalling some batches of its Crinone (progesterone) Vaginal Gel. The affected batch of Crinone Vaginal Gel 4 per cent (6 applicators) has batch number C00118 and expiry October 2003. The affected batches of Crinone Vaginal Gel 8 per cent (15 applicators) are C00105 with expiry March 2003, C00108 exp June 2003, and C00113 exp August 2003. The recall is due to a drug application problem of the gel in some applicators with the gel changing consistency over time. The class 2 alert was issued on April 9. Further information is available from Serono on 020 8818 7300.

## Health Supplements web site

The Health Supplements Information Service has relaunched its web site. The HSIS provides an independent, reliable source of information about vitamins, minerals and food supplements. The site includes guidelines on Recommended Daily Amounts as well as fact sheets on individual supplements. The HSIS campaign is co-ordinated by the Proprietary Association of Great Britain. [www.hsis.org.uk](http://www.hsis.org.uk)

## RPSGB AGM format change

The Royal Pharmaceutical Society's Annual General Meeting is to start with an hour long special forum for members "to raise any topical issues they wish to discuss". The agenda for the evening starts at 5pm with refreshments being served, followed at 5.45pm with the presentation of fellowship certificates and charter medals. The discussion forum will take place from 6.30pm to 7.30pm with the AGM proper starting after this.

## Bedwetting Education helpline

A helpline about bedwetting has been launched. The Bedwetting Education line (0800 085 8189) offers confidential advice to parents and their children from a qualified nurse.

hour in respect of each two and a half hour session)

A dentist working full time for the NHS will therefore be able to claim £1,092 a year for 15 hours' CPD.

Dentists are expected to undertake 75 hours of CPD over five years following the launch of the General Dental Council's recertification scheme. The new allowance will enable dentists to meet this commitment in full without any financial penalty.

Chairman of the General Dental Services Committee, Anthony Kravitz says: "Dentists have willingly made the commitment to the GDC's recertifica-

tion scheme. We support moves to ensure that dentists update their skills on a frequent basis so that patients remain confident they are receiving the highest standard of care. This is a good deal for dentists and should make a real contribution to quality assurance in the GDS."

President of the Royal Pharmaceutical Society, Christine Glover, welcomed the statement from Lord Hunt saying: "I hope this sets a precedent for all NHS professionals. Payment for 10 hours is only a portion of their time commitment and I hope we could have a similar payment for some of ours."

## SGM to be set back to June?

It is likely that the Special General Meeting to challenge the Royal Pharmaceutical Society's Council appointment of the Pharmaceutical Journal's editor could be put back until June.

At last week's Council meeting, the Council agreed that any SGM should not take place until after the close of voting in the Council election. However, it is understood that the date might not be until mid-June, effectively 17 weeks from when the application for an SGM was first submitted.

It was stated that the Society's officers felt that as Ashwin Tanna, who had submitted the application for the SGM,

is standing in the election for Council, "it was inappropriate to hold a meeting until after the election was completed".

Secretary and registrar Ann Lewis also informed the Council that a second application for an SGM had been received, from Philip Walton.

Council agreed that, as with other SGMs, the meeting should be called on a Sunday to allow maximum attendance, with the membership being notified two weeks in advance. The meeting will also be held at the Society, unless turnout is sufficiently large to require the SGM to be reconvened at a more suitable venue.

## No action on £100,000 expenses

The Royal Pharmaceutical Society's Council is taking no further action over an allegation that one of its members claimed expenses of £100,000 in a single calendar year.

A pharmacist wrote to the Society's Audit Committee after hearing a comment from one Council member that another, unnamed, colleague had spent this amount in 1998-99 or the year before and that some of the expenses had been improperly incurred.

Terri Banks, the Committee's chairman, examined all Council members'

expenses for the calendar years 1997, 1998 and 1999 and found there were no claims of £100,000. She agreed to arrange an investigation if the Council member who made the initial allegation came forward with the evidence. But the Committee would not investigate allegations based on rumour or hearsay, she said.

Mrs Banks had still not heard from any Council member when the exchange of correspondence was presented to last week's Council meeting and the matter was not discussed in public.

## Diabetes framework for Scotland soon

The Scottish Diabetes Framework, expected in November, aims to improve the quality, equity and accessibility of care for people with diabetes in Scotland.

Diabetes UK is calling for the patient to be at the centre of the framework, with education a key element. Lack of knowledge, particularly about Type 2 diabetes, has resulted in the mistaken belief that the condition

is non-serious, the charity says.

The framework is the culmination of years of collaboration between patients, health care professionals and the Scottish Executive.

It will recognise existing good practice, including the work of the Scottish Intercollegiate Guidelines Network, which is reviewing guidelines for management of diabetes and its complications.

Dentists working full time for the NHS will be paid £52 an hour to undertake continuing professional development.

The CPD allowance, announced by Health Minister Lord Hunt on Tuesday, will be paid quarterly and is in addition to payments already agreed for clinical audit and peer review.

Pro rata to their NHS commitments, dentists will

- receive payment, for 10 hours' verifiable CPD a year
- be able to claim for a further five hours for attending approved post-graduate courses
- be able to claim up to six hours' travelling time to attend courses (one

## Special public health group for pharmacy

The UK Public Health Association officially launched its pharmacy special interest group last month.

The Pharmacy SIG aims to develop pharmacy's contribution to public health by exploring links with the wider NHS, social services, local authority services and the voluntary sector. The group will advise the UKPHA on public health policy involving pharmacy and enlist its support in promoting relevant public health issues. Another aim is to raise public awareness about the advice and resources available from pharmacies.

The group will seek to influence key opinion formers in government, the NHS, local authority and voluntary sector organisations, as well as the general public. Members must be fully paid up members of the UKPHA. Those interested in joining the Pharmacy SIG register should contact Anna Pinheiro, Pharmacy Healthcare Scheme, 1 Lambeth High Street, London SE1 7JN (Tel: 020 7820 3213; e-mail [apinheiro@rpsgb.org.uk](mailto:apinheiro@rpsgb.org.uk)).

The next event will be a conference on May 2, run by Lloydspharmacy, on 'Improving public health and wellbeing in the community' at the Villa Park Conference Centre, Birmingham. Details are available from Lloydspharmacy's social pharmacy manager Ray Perry on 02476 432016; e-mail [ray.perry@aah.co.uk](mailto:ray.perry@aah.co.uk).

The UKPHA is an independent voluntary association bringing together individuals and organisations that share a commitment to improving the public's health. Its members come from a wide variety of backgrounds and have formed special interest groups to discuss key topics.



## New Sunday opening in Sandwell

Community pharmacists in Sandwell Health Authority, West Midlands, are taking part in a new Sunday opening scheme to give the public greater access to pharmacy services.

Since April 1, the original one-hour rota scheme has been abandoned and eight pharmacies have volunteered to open for extended hours. Most participating pharmacies will be open for three to four hours around lunchtime, although a Lloyds pharmacy will open from 10am to 10pm.

Under the new agreement, which will run for a year, the pharmacies are paid a retainer to stay open for the specified time. Unlike traditional rota schemes, if the pharmacy cannot open on a Sunday they will not be breaking the terms of the arrangement providing they give the health authority warning.

Pharmaceutical advisor Peter Matthews says: "The old rota system made it hard for people to pick up medicines on a Sunday. They had to find out which pharmacist was on duty and then often had to travel some distance to get their prescriptions.

"These new arrangements will be much better. We can publicise which pharmacies will be opening on a Sunday. We hope that this scheme will prevent the need for people to travel around to pick up urgent medications."

# Patients should report side-effects says Which?

Patients should be able to report the side-effects of drugs directly to the Medicines Control Agency (MCA), says a report in *Health Which?* this week.

The report argues that the 'Yellow Card' scheme is underused by doctors and pharmacists and that the MCA should adopt a policy similar to that of the United States Food and Drug Administration which actively encourages reports from consumers.

According to *Health Which?* the number of 'Yellow Card' reports from GPs has dropped from more than 20,000 at the beginning of the 1990s to between 16,000 and 18,000 - equivalent to less than one report per GP

per year.

Hospital pharmacists have been included in the reporting scheme since 1997, and community pharmacists since 1999, but the MCA said that last year only 4.4 per cent of reports came from hospital pharmacists and less than one per cent from community pharmacists.

In addition, the report claims that patients should be told when they are being prescribed a new drug that is still under intensive surveillance - the 'black triangle' drugs. The symbol should be included in patient information and supplemented with clear information from health professionals.

Patient-reporting of side-effects would lead to greater knowledge about the side-effect profile of a new drug and may help to identify problems more quickly, claim the authors.

● The mental health charity MIND is re-running a 'Yellow Card' scheme to encourage patients to report side-effects of psychiatric drugs. The card also asks people about the information they received when they were prescribed psychiatric drugs, whether they were given a choice of treatment and what they find helpful if they are trying to stop or reduce the dose. The charity hopes to publish the results in the Autumn.

## Government responds to drug-related deaths report

Computer-generated prescriptions for Schedule two and three controlled drugs may be permitted if the Home Office amends the Misuse of Drugs Regulations, says the Government in its response to the Advisory Council on the Misuse of Drugs (ACMD) report.

The Home Office is also said to be considering whether controlled drugs registers can be maintained on computer and if pharmacists should be permitted more discretion when dispensing prescriptions that do not fully comply with the Regulations.

The ACMD report, *Reducing Drug Related Deaths*, published last June, made a series of recommendations concerning all aspects of drug-related deaths. The government published its response to the report at the end of last month.

The Department of Health says that health authorities have received an additional funding of £25m towards increasing treatment services, training for medical practitioners, establishment of shared care schemes and increasing the number of misusers in successful treatment programmes.

The implementation of more supervised methadone ingestion schemes aims to reduce the illicit diversion of prescription drugs onto the street and the Government will be recommending that patients are supervised for a minimum of three months initially.

Health Minister Gisela Stuart says: "As part of the anti-drugs strategy the Government will produce an action plan to reduce drug-misuse related deaths by 20 per cent by 2004. This plan should be published in the summer." See [www.drugs.gov.uk](http://www.drugs.gov.uk) for a full copy of the Government's response.

# WHO seeks to end stigma attached to mental health

The World Health Organization has launched a year-long mental health campaign - 'Stop exclusion, dare to focus' - which aims to end discrimination against people with mental health problems.

Depression will be the focus of the WHO's European activities. Areas for action include:

- Preventing premature death due to helplessness and stress
- Fighting the stigma that prevents people accessing services
- National planning facilitated by national mental health audits.
- Task forces will collect cases of good practice and develop guidelines on mental health policies and services.

Launching the campaign in Nairobi on World Health Day (April 4), WHO

director-general Dr Gro Harlem Brundtland said that, world-wide, 10 to 20 million people attempt suicide each year and one million die - as high as the death toll from malaria.

Seventy per cent of people suffering from depression can fully recover if treated with antidepressants and cognitive therapy, but fewer than one-quarter of those affected receive treatment. This gap also occurs in industrialised countries.

The relapse rate of schizophrenia can decrease by 60 per cent if patients receive proper medication and families receive proper support, but only 25 per cent of sufferers have such help.

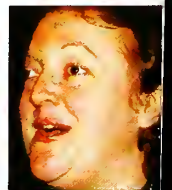
With epilepsy, 80 per cent of sufferers can lead a normal life if treated

with anticonvulsants but 90 per cent of cases in developing countries remain untreated, she said.

● With schizophrenia affecting one in every 100 people, the psychotherapeutics market has great potential, says SMI's latest Market Analysis Report. Advances in knowledge about how antipsychotics work, together with new genome technologies, are leading to the identification of new targets. As most pharmaceutical companies and some smaller bioscience organisations have programmes in antipsychotic drug discovery, the impact on the market is set to be huge, says the author of 'Antipsychotics - past, present and future developments' (Tel: 0870 909 74; website: [www.smi-publishing.co.uk/antipsychoticsreport4.asp](http://www.smi-publishing.co.uk/antipsychoticsreport4.asp)).

## Blenkinsopp goes for gold

The Royal Pharmaceutical Society's Charter gold medal for 2001 will be awarded to Professor Alison



Blenkinsopp, department of medicines management, Keele University. The Society's Charter silver medal will go to Edward Mallinson, a specialist in pharmaceutical public health Lanarkshire Health Board. The medal will be presented at the Society's annual meeting in May. Society president Christine Glover has chosen Jennife Archer, assistant director, direct learning, CPPE, to receive the Synerg award for 2000. The award, presented during the British Pharmaceutical Conference, was introduced in 2000 to recognise outstanding contribution to pharmacy by non-pharmacists.



## A civil servant's lot

Norman Morrow is the quintessential civil servant down to his grey suits, a penchant to be extremely long-winded and his talent for evasiveness. His route to the top has been, as all things with Norman, planned and doggedly achieved. With the considerable suspicion of the civil service fostered both by PSNI and PCC, there has always been a guarded, if not paranoid, eye kept on the Chief Pharmaceutical Officer (CPO). There is a tendency to view the CPO first and foremost as a civil servant, but this is unhelpful: recent evidence confirms that Norman Morrow is a committed pharmacist, passionate about his profession.

**"Only in the job about five years, he is the best by far of the three CPOs I have known"**

He has a strong ethical approach. His position and design is not always clear and he will achieve his outcomes with skill, but also with stealth, which can be unhelpful in how he is perceived. He is comfortable with unpopularity, viewing his position as right in that it favours the greater good over self-interest. He is personally ambitious but equally ambitious for his profession and a strong supporter of the Health Service.

Only in the job about five years, he is the best by far of the three CPOs I have known. Reading recent papers from the DHSS & PS shows this clearly. They have had a strong and favourable pharmacy flavour. They set a context in which the profession can get the recognition and responsibility we have so long desired. My understanding is that the CPO has been key to securing our profile; he was instrumental in getting the moneys for the Medicines Management project and for Information Technology development. Norman Morrow has, by sheer hard work and tenacity, awakened the DHSS&PS to the role and the potential of the community pharmacist.

As an independent contractor it is difficult to appreciate the complex beast that is the Health Service. It is easy to be destructive and it often brings childish comfort to shoot the messenger. But Norman Morrow is much more than that. There is a need for a period of productive synergy between the CPO's office and the profession. Pharmacy organisations will do better to work with rather than against the DHSS&PS. Written by a practising Northern Ireland community pharmacist

# Xrayser

Topical Reflections

## A contract to calm the winds of change

It is certainly true that the wind of change is blowing strongly towards community pharmacy, and as Health Minister Lord Hunt of King's Heath has acted positively to create the environment in which change can occur.

However, not everything in the garden is rosy, and the warnings from Marshall Davies in a speech to the West Midlands Region of the Royal Pharmaceutical Society last week were specifically addressed to Lord Hunt who was speaking at the same meeting (C&D 7 April p22).

I continue to feel contradictory emotions of excitement and concern over a professional future which contains so much hope but also so much uncertainty. At the same time as holding out the prospect of greater professional involvement, the Government has raised the financial uncertainty stakes for many community pharmacies by procrastinating on the vital new contract, suggesting that Local Pharmacy Services will be funded from the global sum and applying political idealism to the establishment of one stop primary care centres.

The Government has a responsibility to ensure the welfare of all participants in the health care equation. If by its action, for the benefit of the community, an initiative is taken which is to the financial disadvantage of an existing practising pharmacist, then they should accept the need for compensation.

Marshall Davies was right to highlight the particular vulnerability of many independent pharmacists and before Lord Hunt puts any more meat on the bones of his NHS Plan he should publicly reply to these very real concerns.

## Hooray for a herbal licence

A new slimming preparation 'Adios' has just been launched on the market and I thank Diomed Herbals for sending me a free starter pack, not just to sell but, in my sceptical case, to examine before recommending it to my customers.



New slimming pills are two a penny but 'Adios' is different because it does possess a product licence and can, therefore, make medicinal claims within the authority of that licence. And on the leaflet (but not on the box) it does make some quite startling claims: "Adios helps you to lose weight naturally by speeding up your body's metabolic rate and stimulating fat metabolism".

If 'Adios' was an unlicensed product of the supplements industry, relying on third party testimonial and tabloid promotion, I would subject it to my normal ridicule as just another miracle designed to lighten the wallet rather than reduce the waistline. But 'Adios' is licensed. I have always said that herbal manufacturers should put their money where their mouth is and apply for product licenses and now Diomed have done just that and launched a licensed herbal slimming tablet into the lucrative slimming market.

On the back of my own rhetoric I will recommend 'Adios' to my diet conscious customers but will seek feedback regarding its effectiveness.

I know I cannot conduct a proper double blind trial but I should soon receive sufficient subjective information to be able to assess whether this first in slimming lives up

to its licensed claims and maintains my faith in the validity of the licensing system.

## Who should fund the ETP pilots?

It is good news that the three pilots for the electronic transfer of prescriptions have now been authorised (C&D April 7, p23) but I am concerned that it is the commercial groups that are funding the pilots and not the Department of Health.

The incentive for all groups to conduct successful trials is an inherent component of their commercial structure and the benefits those involved see as furthering their own best long term interests. Presently there is no cost to either pharmacists or doctors but when the eventual contract is signed, unless very vigorous controls are enforced, there could be a very high cost to any disadvantaged practitioners.

By not funding the pilots the DoH has sent a strong message that commercial interest could dominate the final scheme. If that is the case then the effect on any pharmacies disenfranchised by the lack of a level playing field could be dire indeed.



**T**he medicines management pilot trials announced by the Health Minister, Lord Hunt, could present an opportunity to trial pharmaceutical care in England.

By pharmaceutical care, I mean the classical model developed in Minnesota by Linda Strand and co-workers.

In that model, pharmacists take responsibility for a patient's drug related needs and operate a patient care process to meet those needs (Cipolle RJ, Strand LM and Morley PC. *Pharmaceutical Care Practice*. New York and London: McGraw Hill). That process comprises the carrying out of an assessment (to ensure that all therapy is effective, safe and convenient), the development of a care plan (to resolve and prevent drug therapy problems and to achieve therapeutic goals) and a follow-up evaluation (to monitor progress and to recommend changes where appropriate).

All this is done through talking to the patient and in co-operation with other health care professionals. But it is not done on a one-disease-at-a-time basis.

Pharmaceutical care Minnesota-style relates to all of the treatment that a patient is having at any one time. This is where it is different to the structured medicines management trial which has been called for by the Pharmaceutical Services Negotiating Committee and which has received the backing of the Department of Health. The PSNC project - which is to be funded by the Department and is to start later this year - will assess the value, therapeutically and economically, of a pharmaceutical-care-type process in patients with coronary heart disease. However, by concentrating on one pathological area, the trial is into a form of disease management as opposed to the across-the-board approach of the Minnesota model.

In hoping that pharmaceutical care is included in the pilots, I am aware that the application form for primary care groups or trusts that want to put forward proposals does not seem to be particularly pharmacy orientated (C&D, March 24, p8). The first thing that applicants have to fill in, after the name of the participating PCG or PCT, is the names of five participating general medical practitioner practices. No space appears for entering the names of participating pharmacies. I hope this is not meant to put pharmacy off.

Pharmaceutical care has the potential to improve the outcome of therapy for patients and, at the same time, lead to a more fulfilling professional life for pharmacists. If it is to be widely adopted, it will only be so with the acquiescence of the medical profession. What



**Douglas Simpson**

# Pilot light?

The Government-funded medicines management pilots are an opportunity to trial pharmaceutical care in England, argues **Douglas Simpson**

better way to prove the worth of pharmaceutical care than in a trial or trials where the medical profession is intimately involved.

The protagonists of pharmaceutical care - which has now been taken up in a number of countries, including Spain, Australia, and New Zealand - say that doctors like it when they see how it helps their patients. I hope that there will be a chance, through the medicines management pilots, to demonstrate its worth to GPs in England.

I am not saying that all patients of doctors in a pilot should be offered pharmaceutical care services. That would not be feasible because of the numbers involved. There would have to be selection.

I suggest that this should be on the basis of the number of medicines being taken by the patient. This would mean that older people would tend to be in the sample.

This ties in with the Government's

plans to improve health services for the elderly, as embodied in the National Service Framework for Older People, published recently (C&D, March 31, p4). The NSF (or rather, the booklet 'Medicines and Older People' published with it) wants to see regular medicines review for the over 75's and schemes in place where pharmacists help older people to use their medicines properly.

Ideally, pharmacists should be doing this through pharmaceutical care. But that will only happen if there is evidence to back that approach. Evidence is beginning to be generated in Europe, particularly through a major European trial co-ordinated by Belfast School of Pharmacy (Improving the well-being of elderly patients via community-pharmacy based provision of pharmaceutical care. *Age and Ageing* 2001; 31: 8.63-77). But there has been no equivalent study for England.

So pharmacists in a position to do

so should be promoting the idea of pharmaceutical care trials in their locality. Applications from primary care bodies have to reach the medicines management action team at the National Prescribing Centre in Liverpool by May 16, so there is not much time. Details of how to apply can be found at: <http://www.doh.gov.uk/pharmacyfuture/medicinesmanagement.htm>.

Not every proposal will be accepted. Clearly, a variety of models will feature among the 25 pilots that the DoH is prepared to fund. I just hope that the Minister of Health, when he comes to approve the first wave, finds pharmaceutical care among them.

None of this should be seen as devaluing the PSNC trial. Its importance to patients and to the profession cannot be overestimated. It is essential that it be pursued with great vigour. But there is a chance, through the pilots, to test a different approach to the same end.

A sum of £1.9m has been made available for the pilots. The bulk of this cash seems to have been earmarked for the appointment of local facilitators and to release GP practice time. However, I hope the rules allow for a certain amount of synergism. The sum per study is small at a little over £75,000 each (£1.9m/25). This will not buy a lot and if it is rigidly adhered to will result in a series of small-scale ventures based in doctors' surgeries and probably excluding community pharmacies.

Somehow or other, a trial of pharmaceutical care must take place in England. I hope that that can be achieved through the pilots. If it cannot, some other method must be found, and quickly. It would be perverse if England tried out everything except the classical model.

*Douglas Simpson is editorial director of the Pharmaceutical Resource Centre on Medicines Management/Pharmaceutical Care and is a former editor of The Pharmaceutical Journal*





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**TEK ALLERGY**

**PRESENTATIONS:** White, oblong, scored, film-coated tablet  
aved Y/Y containing 10mg cetirizine hydrochloride.  
**US:** Treatment of seasonal and perennial rhinitis  
nic idiopathic urticaria.

**AGE AND ADMINISTRATION:** Adults and children  
d 6 years and over.  
ng once daily. In renal insufficiency halve the dose to  
g (1/2 tablet) daily.

**CONTRAINDICATIONS:** Hypersensitivity to constituents.  
d use in pregnancy and lactation.

**PRECAUTIONS:** Do not exceed recommended dose,  
particularly if driving or operating machinery.

**DRUG INTERACTIONS:** To date there are no known  
interactions with other drugs. As with other antihistamines  
avoid excessive alcohol consumption.

**SIDE EFFECTS:** Mild and transient drowsiness, headache,  
dizziness, agitation, dry mouth and gastrointestinal  
discomfort have been reported.

**PACKING, PRICE:** Pack of 7 tablets = £4.45 (retail).

**LEGAL CATEGORY:** P

**PRODUCT LICENCE NUMBER:** Tablets 08972/0032

**MARKETED BY:** UCB Pharma Limited, Watford, Herts,  
WD18 0UH.

**For further information please contact:**  
UCB Pharma Limited, UCB House, 3 George Street,  
Watford, Herts, WD18 0UH. Telephone (01923) 211811.  
Facsimile (01923) 229002.

\* IMS HEALTH MIDAS data. Unit sales  
July 1999-June 2000

Date of preparation: February 2001  
UCB-Z-01-10





## Complementary health knowledge

The place of complementary medicines as a taught component of the undergraduate syllabus came under the spotlight at the BPSA conference on Monday, reports Elizabeth Doran.

One in three of the UK population uses some form of complementary therapy, Royal Pharmaceutical Society president Christine Glover told the delegates. If pharmacists are to be perceived as the experts on medicines, then they cannot continue to ignore such a large component of modern healthcare, she argued.

Mrs Glover also discussed her holistic practice in Edinburgh where her patients are treated in a much less 'compartmental' way. Approximately one in eight of her patients are referred by GPs, demonstrating the increasing acceptance of such complementary therapy as part of the modern health service.

Many chronic conditions with no seemingly clinical cause can be linked to trigger factors in other aspects of the patient's life, she said. The holistic treatment of patients is based upon assessment and consideration of social, environmental, physical and emotional factors. The balance between stressful factors in the patient's life and the body's response is often heavily skewed in favour of the former, which is when illnesses can develop.

Holistic therapy aims to make the patient aware of the effect of these factors on their health.

Professor Ian Jones from the University of Portsmouth discussed the progression of the role of community pharmacists. In an average pharmacy, the pharmacist spends over a third of their time mechanically dispensing, and only 7 per cent of their time patient counselling, he said.

Hence, an increased advisory role and involvement with medicines management should be welcomed. This would allow evolution of the profession and help demonstrate our abilities.

# Lambeth refurb gets go ahead

The Royal Pharmaceutical Society Council has agreed to consider making policy on the future of the Society's headquarters.

At last week's Council meeting, Pat Hoare asked Council to look again at two development schemes it had received a year ago, both of which would generate income. The museum needed more display space, she said, and when the president moved into the new flat the fifth floor could be converted into a space for conferences. There was also a need to improve security and access for disabled people.

She was anxious that the Society would not spend money now that would be wasted because future plans were unclear.

The secretary and registrar, Ann Lewis, said the development project had been put on hold because of other priorities but the Society was satisfying the health and safety measures. The treasurer, David Allen, said the Society could not afford development on a grand scale but would continue with the refurbishment that was built into the 2001 budget.

The general outcome, and recurrent theme was, "Pharmacy is not just about tablets and medicines, it is about people".

● Stefan-David MacDonald, of Robert Gordon University, Aberdeen, has won the Reckitt Benckiser Student of the Year Award. Mr MacDonald was selected from six finalists, and has won an all expenses paid trip to the International Pharmaceutical Students' Federation congress in Egypt in August.

● The British Pharmaceutical Students' Association has been holding its 59th conference at the University of Portsmouth this week. Planned social events for the rest of the week included sea shanties on HMS Warrior (!), a fancy dress charity pub crawl and, naturally, the 59th BPSA Ball.

**Warning on EHC supply** A warning letter will be sent to a pharmacist who was alleged, in a newspaper report, to have sold Levonelle-2 to a girl under 16. After considering a letter from the pharmacist, the Infringements Committee gained the impression that he had made a genuine attempt to help someone who seemed to be in need, who looked at least 18 years old and who claimed to have used EHC previously. The wholesaler had also wrongly supplied Levonelle-2 against an order for non-prescription Levonelle. But the Committee was concerned at the pharmacist's admission that he had failed to study the Society's EHC guidelines and had supplied the medicine when other avenues were open to the "patient".

**Health Act Order** Council approved a revised consultation document on the reform of the Society's disciplinary machinery and the introduction of competence-based practising rights. One change clarified the fact that the proposals covered matters of professional conduct as well as competence. The document will not specify in detail the composition of different committees, other than that the investigating, appointments and professional competence audit committees will include Council members. These details will be included in implementing regulations, which can be amended in the light of experience, rather than in the enabling Order. The document will be submitted to health ministers, who will then issue a consultation document as they did for nurses and the Health Professions Council.

## Latest edition of Wellard's guide

The latest edition of 'Wellard's Guide to the NHS and Medicines' has been published.

The 2001 edition has been updated to include the NHS Plan, the 'Pharmacy in the future' programme, the cancer plan and the National Service Frameworks on coronary heart disease and mental health. In addition, the guide provides information on the NHS structure, NHS policy issues, services, the use of medicines in the NHS, and looks at how the NHS interfaces with industry.

Copies are available (ISBN 0-9534845-9) priced £38.95 each, with discount for bulk purchases. Further information is available from JMH Publishing Ltd, Bramblebank, Turners Green Road, Wadhurst, East Sussex TN5 8EA. Tel 01892 546446.

## Livostin™ Direct Nasal Spray and Eye Drops Product Information

**Presentations:** White sterile microsuspensions as eye drops or nasal spray containing levocabastine hydrochloride equivalent to 0.5mg/ml levocabastine. **Uses:** Symptomatic treatment of seasonal allergic rhinitis and conjunctivitis. **Dosage and Administration:** Adults and children 12 years and over: Eye drops: 1 drop per eye, twice a day may be increased to 1 drop per eye 3 to 4 times daily. Nasal spray: sprays in each nostril twice a day may be increased to 2 sprays per nostril 3 to 4 times daily.

**Contra-indications:** Hypersensitivity to the ingredients. Patients with significant renal impairment.

**Precautions:** Patients may use an oral antihistamine in addition to levocabastine nasal spray or eye drops. However, patients should not use an oral antihistamine in addition to levocabastine eye drops together with levocabastine nasal spray without consulting a doctor as this increases the risk of drowsiness. Do not wear soft contact lenses during treatment with the eye drops. Do not exceed the stated dose. For external use only. Should not be used during pregnancy. May be used during lactation. **Side Effects:** Local irritation. Eye drops: blurring of vision, eye oedema, urticaria, dyspnoea and headache. Nasal spray: headache, fatigue and somnolence and allergic reaction.

**Legal category:** PL N01LO242/0151 (eye drops) PL0242/0152 (nasal spray). **Package quantities/Price:** Eye drops: 3ml bottle £5.75 Nasal spray: 5ml bottle £5.75. **PL holder:** Janssen-Cilag Ltd, P.O. Box 79, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ. **Distributed by** J&J.MS Consumer Pharmaceutical Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF.

**Date of Preparation:** February 2001

### References:

1. Palma-Carlos AG. et al. *Int J Clin Pharm Res* 1988; VIII (1): 25-3
2. Stokes TC, Feinberg G. *Clin Exp Allergy* 1993; 23: 791-4.
3. Tomiyama S, Ohnishi M, Okumura M. *Am J Rhinology* 1993; 7(1): 85-88 and data on file.
4. Frostad AB, Olsen AK. *Clin Exp Allergy* 1993; 23:406-409.



Students in debating mode



# ***Livostin<sup>TM</sup>*** ***direct***

***There's no faster  
hayfever  
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One dose gives hayfever relief in minutes<sup>1,2</sup> and all  
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Livostin<sup>TM</sup> Direct, a topical OTC preparation that is  
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excellent alternative to other topical treatments.

Equally important, it can be used immediately in  
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You simply cannot recommend a faster hayfever  
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*Johnson & Johnson* • **MSD**

CONSUMER PHARMACEUTICALS

Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP16 9UF. Tel: 01494 450778



# Medical matters



## Asthma treatment still inadequate says survey

A survey has shown that 84 per cent of chest physicians are not satisfied with the drugs available to treat severe asthma.

Some asthmatics may be taking as many as eight medicines to control

### Intravaginal ring for HRT

Specialty pharmaceutical company Galen Holdings has been granted a licence in the UK to start marketing its new intravaginal ring (IVR) for hormone replacement therapy.

The IVR system can be used to deliver a wide range of medicines for up to three months. The new product is for use of the IVR to deliver oestradiol (oestrogen) for the relief of postmenopausal symptoms.

It is the first of three products using this particular technology to get approval. The delivery method could also be used for contraception, fertility treatments and other drugs.

**Galen Ltd**  
028 3833 4974

### Script special

### New formulation for hypertension

Pfizer has launched Cardura XL (doxazosin XL), which aims to minimise the need for titration by providing a maintenance dose from the start. This will help patients to reach their target blood pressure more quickly and conveniently than with the Cardura standard formulation. The Cardura XL tablet uses a controlled, osmotically powered push-pull process to release doxazosin into the gastrointestinal lumen over 12-16 hours. Provision of relatively constant plasma concentrations round the clock may lead to a more uniform control of blood pressure and enhanced tolerability.

**Pfizer Ltd**  
Tel: 01304 616161

their symptoms, costing up to £1,000 a month, and may need regular hospitalisation. This 5-10 per cent of difficult-to-treat patients account for over half the healthcare spending on asthma. Physicians and nurses estimate they spend between three and nine hours a month on each patient.

Speakers at a press conference to launch the survey on Monday suggested that such people might benefit from inhibition of immunoglobulin E, the antibody that binds to mast cells causing release of histamine,

leukotrienes and cytokines. Professor Tony Frew, allergy specialist at Southampton General Hospital, said most asthma has a significant allergic component mediated by IgE.

"Measuring IgE is very easy, but isn't routinely carried out as no treatment is currently available which targets IgE," he said. "But measuring IgE could be done more widely if it were relevant to the patient's asthma therapy."

Novartis is hoping to launch omalizumab, a monoclonal antibody to IgE, at the end of this year or early next.

## Lioresal – warning on sudden withdrawal

Novartis has issued a special warning on the multiple sclerosis therapy Lioresal Intrathecal (baclofen) following reports of autonomic dysfunction including hyperthermia following sudden treatment withdrawal.

The undesirable effects section of the summary of product characteristics has also been amended to include the possibility of compromised erection and ejaculation, usually reversible on discontinuation of treatment.

Lioresal Intrathecal is indicated in patients with severe chronic spasticity of spinal or cerebral origin (associated with injury, multiple sclerosis, cerebral palsy) who are unresponsive to oral baclofen or other orally administered antispastic agents, or who experience

unacceptable side-effects at effective oral doses.

The company warns that except in overdose-related emergencies or where serious adverse effects occur, treatment should always be discontinued gradually with successive reductions in dosage.

Suddenly stopping treatment, especially after exceeding the normal dose range, may result in a hyperactive state with rapid uncontrolled spasms and increased rigidity to intolerable levels, lasting several days. Autonomic dysfunction including hyperthermia has also been reported following sudden withdrawal.

**Novartis Pharmaceuticals UK Ltd**  
Tel: 01276 698596

## Clozaril characteristics updated

Novartis Pharmaceuticals has updated the summary of product characteristics for Clozaril (clozapine). The main changes are in precautions which now includes a statement saying that if a patient develops tachycardia persisting at rest accompanied by signs or symptoms of heart failure, they should be investigated for myocarditis. If this is confirmed, Clozaril should be dis-

continued. In addition, the precautions include more information regarding the fact that clozapine can cause varying degrees of intestinal paralysis, cases of which have been fatal. Interactions have been revised and classified as pharmacodynamic or pharmacokinetic.

**Novartis Pharmaceuticals Ltd**  
Tel: 01276 698370

## Aricept delays need for nursing home care

Taking Aricept (donepezil) regularly may help Alzheimer's patients to stay at home with their families by helping keep dementia at bay.

A US study shows that patients have an extra 21 months at home before requiring the skilled care and full-time supervision of a nursing home.

Time to placement in a nursing home was analysed for 671 patients with mild to moderate Alzheimer's disease who participated in 1 of 3 clinical trials with Aricept versus placebo. Delaying nursing home placement may have benefits to families and society by lessening the emotional and financial burdens associated with caring for Alzheimer's Disease patients, suggest the authors.

The results were presented at the 14th Annual Meeting of the American Association for Geriatric Psychiatry. Dr David Geldmacher, Clinical Director, University of Cleveland Alzheimer Center, University Hospitals of Cleveland and Case Western Reserve University commented: "These findings reinforce the importance of beginning treatment with Aricept as early as possible in the disease process and maintaining the treatment for long-term benefits, as medically appropriate."

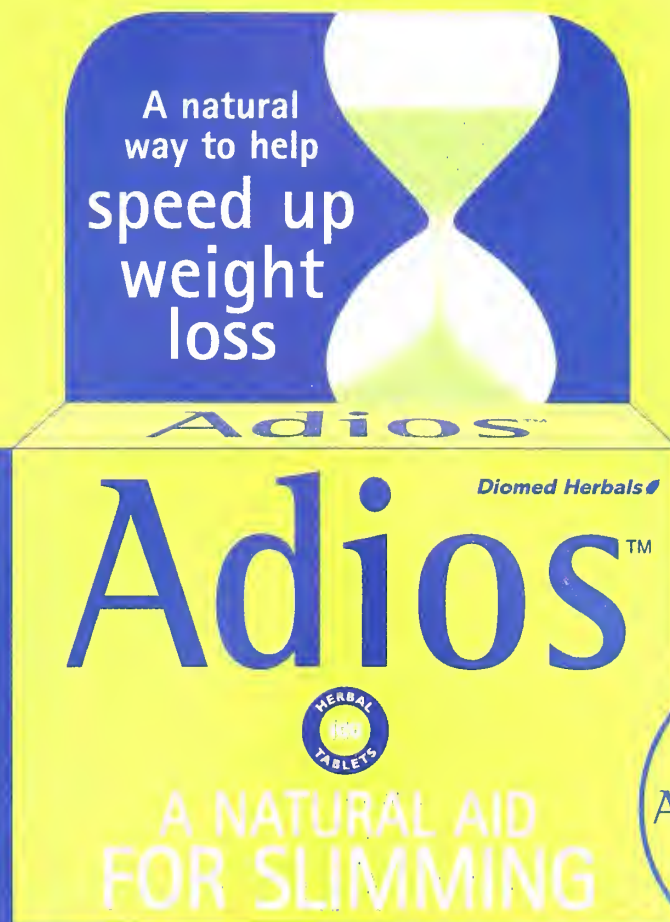
## Dietary fibre supplements may be harmful

Dietary fibre may not be as good for you as previously thought, says a paper in this week's *Gut* magazine (48: 587-589). In particular, some fibre and fibre supplements could increase the risk of developing colon cancer.

Challenging the view held from the 1970's that fibre is beneficial is Dr Robert Goodland of the Imperial Cancer Research Fund. He says that rather than fibre itself being beneficial it could be that a high dietary fibre intake is associated with foods containing good levels of vitamins and minerals, and reduced fat. Negative aspects of fibre are that it can bind harmful materials and may stimulate cell division. In fact, several studies indicate that a low fat/high fibre diet does not protect against recurrent colorectal adenomas.



# Great news for their figures...



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### An effective, natural way to help you lose weight

ADIOS Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts. SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. Directions: Adults and elderly: Take one tablet three or four times a day at mealtimes, as part of a calorie controlled diet. Indications: A herbal remedy traditionally used as an aid to slimming. Contraindications: Not to be taken by children under 16 years. Not to be used if allergic to any of the ingredients. Do not store above 25°C. Legal Category: GSL. Packs: Adios PL 17418/0005 - 100 tablets, RSP £9.95 (£8.47 exc. VAT).





# Counterpoints



## Natural cream for painful joints

NatraHealth is launching a natural anti-inflammatory cream for sufferers of joint inflammation and pain.

NatraFlex contains three natural ingredients: capsaicin (the active component of cayenne pepper), *Boswellia serrata* and MSM – a source of organic sulphur. In a six-week pilot study at the Complementary Health Clinic in Bedfordshire, 70 per cent of participants felt a reduction in pain levels and greater joint mobility after using the cream. It should be applied once or twice daily to the affected joints. Retail price is £8.95 for a 100mg tub.

**NatraHealth.**

## Adams doubles the taste for its Halls Soothers

Adams is relaunching its Halls Soothers medicated sweets and introducing a dual flavour variety, following research showing that half of sales result from consumers buying the brand on a regular basis, rather than for coughs and sore throats.

The company has delicenced the brand and introduced new packaging and formulations. The new Peach &

## Vit-al Plus for the active over 50's

Boehringer Ingelheim is expanding its Pharmaton range with a multi-vitamin for the relief of tiredness for the active over 50's.

Pharmaton Vit-al Plus is a pharmacy-only product in a caplet format designed to make the dose easy to swallow.

It contains ginseng G115 and extract of panax ginseng blended with a combination of essential vitamins and minerals to help compensate for nutritional deficiencies.

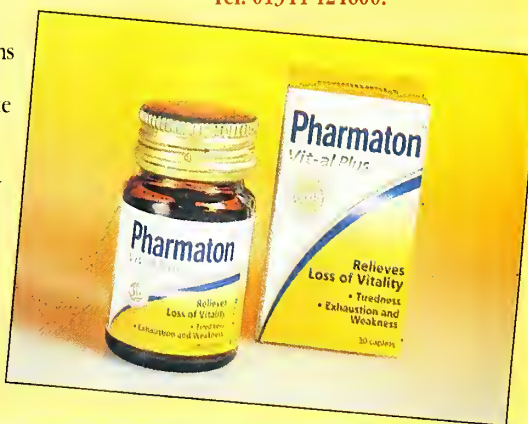
Supported by over 30 clinical trials, the product is formulated to help restore loss of vitality – combating tiredness,

exhaustion and weakness.

The launch will be supported by a £750,000 marketing campaign running from June until November. Advertising will appear in national newspapers and interest and hobby magazines.

Retail price is £8.99 for 30 one-day capsules.

**Boehringer Ingelheim Ltd.**  
**Tel: 01344 424600.**



## Minty action against the fire of heartburn

Reckitt Benckiser is introducing a peppermint-flavoured variant of its Gaviscon Advance heartburn and indigestion remedy.

The launch follows research by the company that shows antacid users have a preference for a minty product for the relief of their heartburn symptoms.

Gaviscon Advance contains sodium alginate Ph Eur and potassium bicarbonate Ph Eur. It is formulated to soothe the oesophagus and form a barrier over the contents of the stomach.

The peppermint variant will be highlighted in a £1 million campaign for Gaviscon Advance. A new TV commercial for the brand will be on air from May 7 for two weeks.

The advertising features computer generated images of Gaviscon Advance liquid to show the journey and the 'coating, cooling and soothing' action it takes against the fire of heartburn.

Gaviscon Advance, which is also available in aniseed flavour, comes in two sizes, retailing at £2.30 (80ml) and £4.19 (180ml).

**Reckitt Benckiser plc.**  
**Tel: 01482 326151.**

## Organic flax supplement

Arkopharma is launching a 100 per cent organic and GMO-free flax supplement in its Health From The Sun EFA nutrition range.

FiProFLAX is formulated to meet all the body's essential fatty acids needs. It contains flax oil, fibre, protein, carbohydrates and lignans – plant oestrogens from flax seeds. Retail price is £9.25.

**Arkopharma UK.**  
**Tel: 020 8763 1414.**



## Get fruity with joint pain sufferers

Lichtwer Pharma is launching a daily pineapple supplement designed for joint pain sufferers.

Bromelain contains bromelain – a natural enzyme found in the fruit and stem of the pineapple plant. This enzyme has been shown to reduce swelling thus allowing greater joint mobility.

Lichtwer Pharma says bromelain inhibits the action of prostaglandins that cause pain and inflammation and stimulates the breakdown of fibrin, an

insoluble protein that is associated with fluid retention.

The supplement is targeted at active individuals and also elderly people who regularly undertake physical activity such as housework, gardening and walking, or sports enthusiasts. It is intended for long term use.

Retail price is £7.99 for 30 one-day tablets.

**Chemist Brokers.**  
**Tel: 02392 222500.**



# Now Lamisil's stepping over the counter



## expect your sales to leap with Lamisil<sup>®</sup>AT Cream

Terbinafine Hydrochloride

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- Now available OTC.
- Long lasting protection for up to 3 months.
- Simple once or twice daily treatment.
- Unique ingredient.
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**Prescribing information:** LAMISIL AT Presentation: Cream containing terbinafine hydrochloride 1.0% w/w. **Indications:** For the treatment of athlete's foot and dhoobbie itch. **Dosage and administration:** The cream is applied once or twice daily. The duration of treatment is one week for tinea pedis and one to two weeks for tinea cruris. **Contraindications:** Hypersensitivity to terbinafine or any of the excipients. **Precautions:** For external use, avoid contact with the eyes. **Pregnancy and lactation:** Not recommended during pregnancy or lactation. **Side effects:** Redness and irritation at the site of application. Discontinue treatment if an allergic reaction occurs. **Legal category:** P (Retail Price: £4.99 / 5g tube) **Product licence number:** PL00301 (14) **Product licence holder:** Novartis Consumer Health.

Novartis Consumer Health, Wimblehurst Road, Horsham, Sussex RH12 5AB.

Customer Careline 01403 218111 Fax 01403 323 915 Email [customer.care@ch.novartis.com](mailto:customer.care@ch.novartis.com)



## IN BRIEF

**Fighting fever**

Craakes Healthcare has compiled a new pocket-sized guide to help healthcare professionals give advice to parents and carers on fever management in young children. Free copies of 'Fighting fever in babies and children' are available for pharmacies to distribute to parents.

**Craakes Healthcare Ltd.**

**Tel: 0115 979 1527.**

**Boost for Wassen trio**

Wassen International is supporting its Selenium-ACE, Magnesium-OK and Conifance brands with a new press campaign. Advertising will appear from April to June and from September to November.

**Wassen International Ltd.**

**Tel: 01372 379828.**

**Herbal advice**

Herbol Concepts has produced four new leaflets giving consumers advice on using licensed herbal medicines for various conditions. Topics include Pain Relief, Digestive Disorders, Respiratory Problems and Tension & Fatigue. The leaflets are free for pharmacies to use of PoS.

**Herbol Concepts.**

**Tel: 01296 689045.**

**Superspecs prices**

C&D was supplied with incorrect prices for the Superspecs range last week (April 7, page 12). The correct retail prices for Superspecs reading glasses are £2.99 to £8.99, whilst the sunglass prices start at £6.99.

**Superspecs.**

**Tel: 020 8551 1315.**

# Carmen goes into a whirl

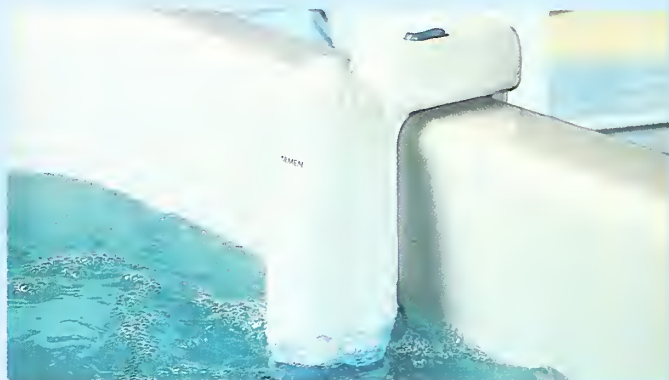
Pifco is launching a jet bath spa in its Carmen range of Body Image health and beauty products.

Carmen Body Images Aqua Jet Bath Spa (model 5630) is designed to provide the benefits of a whirlpool bath in a compact unit that fits over the side of any bath.

The unit offers the choice of either a whirl or bubble effect - a bubble bath dispenser can be fitted.

It also has the option of a twin water jet that can be attached to the bath spa. A multi-directional jet allows the user to direct the water at specific areas.

Safety features include a residual current device that will cut off the



electricity supply if a fault is detected. A safety transformer and low voltage connection lead are also supplied.

Retail price is £59.99.

**Pifco Carmen Salton Ltd.**

**Tel: 0161 947 3000.**

## Bodywash gets all the family into a lather

Cussons is extending its Imperial Leather range on April 17 with a new bodywash targeted at family usage.

Imperial Leather Creamy Bodywash is a moisturising shower product with a rich, creamy lather formulated for daily use by all the family. It comes in two variants - Sensitive, which has a mild, 100 per cent soap free formulation, and Nourish with added vitamin E to moisturise the skin.

The launch will be supported by a £1m marketing campaign that includes outdoor advertising. Retail prices are £2.49 (250ml) and £2.99 (400ml).

**Cussons (UK) Ltd.**

**Tel: 0161 491 8000.**

## Kodak livens up its single-use camera sales

Kodak is launching a fun new packaging for its Ultra single-use cameras on May 1.

The brightly coloured new look is designed to appeal to the youth market. It will be introduced on the Kodak Ultra Super Flash camera (rsp £8.99) and Kodak Ultra camera (rsp £5.99).

Kodak Ultra single-use cameras and films will be supported by a TV campaign from May.

● The single-use camera market grew by 29 per cent in 2000 and is already biased towards the 16-24 age group. More single-use cameras are sold during the summer than at any other time of the year.

**Kodak Ltd.**

**Tel: 01442 261122.**



## Bodyform's Complete solution

SCA Hygiene Products is launching a new two in one product in its Bodyform feminine hygiene range. Bodyform Complete is designed to be as absorbent as a sanitary towel but as thin and comfortable as a pantyliner.

Retail price £1.39 for a pack of 20.

**SCA Hygiene Products Ltd.**

**Tel: 01582 677400.**

## ON TV NEXT WEEK

**Aquafresh Powerclean:** All areas

**Avent Toiletries:** C4

**Bodyform string towels:** All areas

**Ibuleve maximum strength:** C4

**Imperial Leather dancing duck:** All areas

**Kalms:** C5

**Listerine:** All areas

**Lucozade Sport:** All areas except GTV, U, Y, CTV, TT

**Otex:** C4

**Panadol:** U

**Predictor:** Sat

**Pharmasite for next week:** Yariba - Window. Pollenase - In-store

**Midrid** - Dispensary

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

## Build-up provides a tastier boost

Nestlé is reformulating its Build-up range of soups with an improved flavour and texture.

The Build-up range is fortified with 12 vitamins and six essential minerals to provide at least one third of the

recommended daily allowance per serving.

Formulated to provide a nutritional boost, the soups are high in protein and one sachet supplies around 200 calories to replace lost energy.

The soups are sold in individual sachets and are available in four traditional flavours - Chicken, Leek and Potato, Tomato and Vegetable. They are prepared by adding hot water.

Retail price is £0.69 a sachet.

**Nestlé Health Care**

**Tel: 020 8686 3333**







bias towards  
es

# progress

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Making medicine accessible



Neutrogena beauty journalist of the year Sarah Purcell gets back to basics and looks at the importance of a good skincare routine

# Skincare basics

A flawless, youthful complexion is what we all long for - and who wouldn't swap wrinkles and lines for smooth, young skin? And yet, with dozens of new 'miracle cure' anti-ageing creams hitting the shelves every year and an increasing number of age-defying salon treatments now available, we're in danger of overlooking the importance of a good, basic skincare routine.

Ask any dermatologist the secret of beautiful skin and good skincare is something they'll mention before any high-tech product. US dermatologist Dr Karen Burke, author of 'Great skin for life', is no exception. "Excellent skincare isn't difficult; it isn't time consuming; it isn't expensive. Just minutes each day of correct care can truly change how you look," she says.

Consultant dermatologist Professor Nicholas Lowe, director of London's Cranley Clinic and author of 'Skin Secrets', admits that some of us are born with an unfair advantage when it comes to skin - we can all think of someone who looks 10 years younger than their age - but says we no longer have to accept the rate at which our skin ages. "As little as 20 years ago, it was believed that the speed and degree to which your complexion crinkled was based largely on your genetic inheritance. We now know differently."

The genes you were born with are only part of the story - environmental and lifestyle factors are equally important. But as well as not smoking, eating a healthy diet and protecting your skin from the sun, following a good skincare routine can make a difference, too. "The appropriate skincare regime can help you make the best of what you were born with - and keep it," says Professor Lowe. "Good skincare is less a matter of what you use than what you do."

## Basic skincare

A regular skincare routine needs to be simple, otherwise you won't follow it regularly. Here are the steps that dermatologists recommend:



Estée Lauder Cosmetics

**Cleansing:** This is the most important step in any routine. "If you aren't washing thoroughly enough, dirt can clog pores and cause spots. On the other hand, if you are constantly stripping away essential oils, which your skin can't replace, you will dry out the stratum corneum and make your skin less able to retain moisture," says Professor Lowe. Soap and water isn't generally recommended as it's very drying on the skin, washing away the skin's

natural oils. It can also upset the skin's natural pH balance. However, there's nothing wrong with water. "I recommend that after using a cleansing cream or lotion you always rinse with water," says Dr Burke. Look for products which are designed for your skin type, but as a general rule, lotions and creams may be better for dry, mature skins, while wash-off cleansers are good for oily and combination skins.

**Toning:** This is one step you may

wish to leave out if you use wash-off soap-free cleansers, as any residue should have been removed from the skin. However, they're useful for those who choose cleansing milk and creams, or for oily skins as a quick way to remove excess oil. Toners developed for oily skin usually contain alcohol or salicylic acid, but these are too harsh for other skin types - look for gentle, alcohol-free formulations.

**Moisturising:** This is necessary for all skin types except oily, though if you have normal skin you may only need it during the low-humidity winter months. A moisturiser will counteract any dryness and improve the skin's natural barrier against the elements, as well as helping to seal in natural moisture. There are hundreds to choose from and it can be difficult to decide which is best. "Use a good-quality moisturiser that makes your skin feel comfortable without overloading it," advises Professor Lowe. During the day, choose one which contains sunscreens (ideally SPF15), and at night a slightly richer one may be helpful.

**Exfoliation:** As long as you don't overdo it, this is a useful addition to any skincare routine, but it doesn't need doing daily. It can help prevent spots in oily skin and flaky patches in dry skins. It may also reduce the appearance of fine lines, simply because it gets rid of the accumulation of dead surface cells that can accentuate wrinkles, and encourages faster cell turnover. There are many ways to exfoliate the skin. Cleansers and moisturisers may contain exfoliants such as AHAs, retinol, vitamin C and salicylic acid, and if this is the case you won't need a separate exfoliant. You can apply a face mask to remove dead skin or you can use an exfoliating lotion or gel, which contains tiny abrasive particles to slough off dead skin cells.

**Eye care:** Using a separate eye cream or gel isn't essential - you can just apply your usual moisturiser - but the

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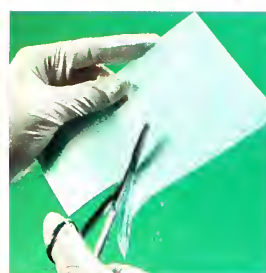
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1. Based on all Community nurses switching to OPSITE FLEXIGRID, cost model data on file Smith & Nephew.



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Poli-Grip range. And this year we're repackaging the range to differentiate each variant and so aid customer selection. Poli-Grip Ultra delivers unbeatable hold and the confidence that comes with a hold that lasts all day, every day. Poli-Grip Flavour Free is the only cream fixative of its kind currently available and will not interfere with the flavour

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of food. Finally, there's Poli-Grip for those who require that little extra confidence a firm hold gives. The fixative market has shown growth of 10.4%\* in the latest period. As brand leader Poli-Grip has continually driven market growth through the launch of innovative new products such as



Poli-Grip Flavour Free, the fastest growing fixative in the market. In addition to the new packaging, there's a £3 million marketing campaign on TV and in the press and our website is up and running at [www.denture.co.uk](http://www.denture.co.uk). Make sure you stock the full range, it pays to stick with Poli-Grip.

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Mrs Edith Nye, Isle of Wight.



STAFFORD-MILLER



→Continued from P18

skin around the eyes is thinner and tends to be more easily irritated. Specific eye creams are formulated to gently moisturise without irritating or overloading delicate skin. However, it's important not to drag the skin when applying to this area - otherwise you could make wrinkles more, not less, likely.

## Know your skin type

Establishing your skin type is important as this will determine which products you use - getting it wrong will not only waste money, but could cause skin problems. It's important to remember that your skin type doesn't necessarily stay the same forever - skin is a living organ and will change with the years and seasons.

**Combination skin:** This is the most common type, accounting for around 40 per cent of women. If your complexion has some oily areas - usually across your forehead, nose and chin - but other areas such as cheeks and neck are normal to dry, you have combination skin.

**Oily skin:** Skin that is normally greasy and shiny, prone to spots and has visible pores is oily.

**Dry skin:** Skin which feels tight and stretched, especially after washing, and has flaky patches, is dry.

**Normal skin:** Skin which is neither greasy nor dry is most probably normal. This type of skin is actually fairly unusual.

## Changing skin

Learning to notice and react to the way your skin changes as you get older will help to preserve it from lines and wrinkles. Here's what to expect...

## Teens

Being a teenager and having spots go hand in hand - virtually all are affected to some degree. As far as we know, acne is an abnormal response in the skin to the hormone testosterone, the level of which surges at puberty. This causes an over-production of sebum, the oil which lubricates the skin. The cells that line the hair ducts don't shed properly, and build up and block the hair ducts instead. The blockage causes sebum to pool in the ducts, solidifying and causing blackheads and whiteheads.

In spite of this, cell generation is running at its highest level, with a 28-day turnover. The dermis is plump, while collagen and elastin keep skin firm and supple.

## Twenties

Teenage spots have usually subsided by now. There aren't normally any facial lines yet, but you might notice faint expression lines where you laugh and smile. Skin tone and texture

is less even as cell turnover begins to slow down.

## Thirties

The complexion starts to lose its youthful bloom as cell turnover slows further. The dermis begins to lose its firmness, while collagen and elastin fibres don't support the skin as tightly. The first sign of wrinkles normally appear now.

## Forties

Production of sebum is reduced, which means skin often becomes drier than before. Dead skin cells tend to remain on the surface for longer, which can accentuate the appearance of lines and wrinkles. Exfoliation can help speed up cell turnover. The accumulation of sun damage over the years becomes apparent now as uneven pigment and deeper lines.

## Fifties

Cell turnover slows to almost half the level it was in your teens and sebum levels are further reduced, resulting in drier, less supple skin. After the menopause, decreased oestrogen production leads to weaker, drier skin, while collagen begins to break down, resulting in thinner skin.

## Ageing and skin type

The way your skin looks and ages will also depend on the type of skin you were born with, and being aware of this is essential when choosing products to care for it. "Generally speaking, pale skin tends to wrinkle more deeply than darker skin. This is because darker skin tends to have more surface lipids to seal it against moisture loss, and more melanin to protect itself," says Professor Lowe. However, brown spots may not be prevalent in paler skins, but numerous in olive skins exposed regularly to the sun. And while darker skin tends to be thicker and develops fewer lines and wrinkles than pale skin, it is more prone to sagging than fair skin.

## What's in the bottle?

Choosing from the hundreds of skincare products available can be baffling, and it helps to understand the ingredients they contain. Here are some of those most commonly used:

**Ceramides.** These are fats found between the skin cells that help to retain moisture. Dry skin may be deficient in these, so a product that contains them could help.

**Liposomes.** These hollow spheres made of lipids are used to carry skincare ingredients deeper into the skin.

**AHAs (alpha hydroxy acids).** Also known as fruit acids, these are derived from natural substances including milk (lactic acid), apples (malic acid), sugar cane (glycolic) and papaya (pyruvic). These are natural exfoliants which speed up skin cell renewal to

make skin appear firmer and smoother.

**Collagen.** This is a key element of the skin's support system and is used in cosmetics for its ability to hydrate and hold water on the skin. However, it has little effect on the skin's natural collagen below.

**NMF (natural moisturising factor).** The skin's natural moisture is made up of many ingredients, including urea, lactose, humectants and hyaluronic acid to keep it supple. No-one has yet been able to make an exact copy of the skin's NMF.

**Antioxidants.** These are vitamins A, C and E which protect the skin against cell-destroying free radical damage, caused mainly by environmental factors like sunlight

and pollution. Vitamin C is the most recent of these to be used in skincare products.

**Retinoids.** Previously only available on prescription for acne, forms of this vitamin A derivative are now included in many skincare lines. The most effective form, retinoic acid (Retin-A and Retinova), can help rejuvenate sun-damaged skin by speeding up skin cell renewal. However, it's very irritating and only available on prescription. Retinol is a much weaker, less effective version, designed to minimise irritation, and it's this which is found in many anti-ageing creams.

# How healthy are your cosmetics?

Sarah Purcell examines some of the recent health and safety issues surrounding cosmetics

Cosmetic aficionados apart, the majority of women are guilty of hoarding lipsticks, eyeshadows and pencils for years before they throw them out. But will this potentially cause any harm? Beauty experts will tell you that mascaras should be replaced at least every six months because they become contaminated by bacteria after that, but is this really based on truth or on cosmetic manufacturers' interests? We take a look at some of the health and safety issues currently surrounding cosmetics.

## How long will it last?

Most cosmetics have a shelf life of at least 30 months and should remain in good condition during this time, provided you look after them properly. "If a cosmetic has an expiry date of less than 30 months, then this must be made clear on the label," says Marion Kelly at the Cosmetics, Toiletry & Perfumery Association (CTPA). "However, if there's no sell-by date, you can assume that the preservatives used in the product will preserve it for at least this long - and often longer. I think it's usually self-evident when a product is past its best."

After year-stashed in your make-up drawer you can expect the following:

- Nail polish will become thick and gloopy

- Creams may start to separate, especially if kept in a warm environment
- Lipstick may smell rancid and the colour may change
- Powders tend to dry out and become crumbly
- Mascara dries out.

Each time you use a cosmetic product, there's potential for bacteria from the environment to get into the product, but it's the job of preservatives to ensure these remain harmless. Some 11 years ago the Consumers Association magazine *Health Which?* carried out a report into cosmetic safety and found high levels of bacteria. However, a similar report published in the December 2000 issue found only low levels of harmless bacteria. "There's no evidence to prove you should replace mascaras every six months, as the preservatives should kill off any harmful bacteria," says Marion Kelly. "However, it is important that products are used correctly - never share products or leave lids off after use."

Some products (mainly skincare) contain high levels of natural ingredients and are preservative-free - these must carry a sell-by date as there is a real danger that they may become unsafe to use.

So how often do women replace cosmetics? *Health Which?* carried out

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a survey of 500 women to find out how long we keep lipstick and mascara before discarding them. They discovered that 41 per cent throw away lipstick within six months, and 10 per cent keep theirs for five years or more. Some 60 per cent throw away mascara after six months and only 2 per cent hold onto theirs for more than five years. However, our reasons for getting rid of cosmetics have little to do with hygiene concerns – in most cases we throw them out because they've run out, dried up or we've simply got bored with them.

## Allergy issues

The lives of allergy sufferers were made easier in 1998 with the new law that required cosmetic manufacturers to list all ingredients used in their products on the pack. But there was one important exception – fragrance.

According to the CTPA, around 90 per cent of cosmetic products contain 'parfum' of some kind. This is one of the most common causes of cosmetic allergies. Yet there are over 2,000 different chemicals used to make these fragrances, and none are identified individually on products. At the moment, anyone allergic to fragrance has to avoid any product which bears the word 'parfum', yet they might not be allergic to the particular ingredients that product contains.

A new proposal from the European Commission may change things for the better. It suggests that products which contain any of the 25-26 fragrance ingredients that commonly cause allergies should list these on the pack, giving customers with fragrance allergies a wider choice of products they can use. However, this could take some years to implement, says Marion Kelly. Meanwhile, if you do experience a severe allergic reaction to a product, it's a good idea to contact the manufacturer to let them know, as well as seeing your GP for a proper diagnosis.

## Animal friendly?

Ask a customer what they understand by the claim 'cruelty-free' and the chances are they'll answer that neither the product nor its ingredients have been tested on animals. In the UK, there is no animal testing of cosmetic products or ingredients, but that doesn't mean that previously tested ingredients are no longer used.

There is a proposal being considered by the European Commission which would clarify 'cruelty free' claims for consumers.

We're hoping that what will emerge is a criteria which any manufacturer

has to meet if they want to make a claim relating to animal testing," says Marion Kelly. At present the proposal is at an early stage and will take about 18 months to agree, and after that guidelines can be drawn up.

## Phthalates issue

Phthalates are substances used to soften plastics, and were used in children's toys until recently, when they were banned for under threes because of fears that they could affect

future fertility. These products are still used in some cosmetics and toiletries. A study carried out last November by a US government organisation found for the first time that metabolites of phthalates were present in human urine samples, albeit in tiny amounts. Some pressure groups are now calling for their use to be banned in cosmetic products, too. "The EC has been monitoring the safety of phthalates and they are considered to be safe for use in cosmetics," says the CTPA.

## Skincare news

Vichy has created a merchandising unit called the Derma-Skincare Advice Centre. Derma skincare products bridge the gap between mass market and premium brands, and are dermatologically tested and suitable for sensitive skins. The unit is tailored for each pharmacy and, in pilot studies, was found to significantly increase sales.

Thermal S UV is a new daily facial moisturiser which contains a high level of both UVA and UVB filters. It is available as a cream, giving SPF8/UVA7 protection, or a fluid, giving SPF20/UVA10 protection.

Also new this spring is Lipidiose 1 and 2, designed to combat dry body skin, effective for up to 24 hours. Lipidiose 1 is a milk for dry skin, while Lipidiose 2 is a fluid cream for very dry skin. To help customers find out their body skin type, Vichy provide a free Comeodisc test, a small adhesive patch placed on the skin which when peeled off shows the amount of skin particles attached.

In June, Vichy is joining forces with the British Skin Foundation and Imperial Cancer Research to offer free UV photo skin type assessment, which shows existing UV damage to the skin. This will be offered in selected pharmacies.

Nivea Visage Time Defying Fluid is an anti-ageing product aimed at younger women. It contains a-Alpha Flavon, derived from rutin, a natural ingredient which protects plants from sunlight. It has a SPF15 rating.



**Anne French Hydrating Cleansing Water is a one-step cleanser that won't dry out skin**

The Anne French Deep Cleansing Milk range is being extended with a single-step cleansing water. Anne French Hydrating Cleansing Water (£3.49) is the first multi-purpose conditioning and cleansing water to remove dirt and make-up from the face with no need to rinse off or follow with toner. It's suitable for all skin types. A dry and sensitive skin milk will be introduced soon.

Tea tree oil is renowned for its antiseptic, healing properties but it can sometimes irritate skin. Thursday Plantation uses tea tree oil which contains a low level of para-cymene, the ingredient which can potentially irritate skin. The firm's range of skincare products includes Skin Cleanse Daily Face Wash, Skin Cleanse Blemish Gel and Skin Care soap.

Revi-Face is a new food supplement which claims to combat

## Skincare facts

Total skincare sales were worth £529.5m in 2000, an increase of 4 per cent on the previous year. Cleansers are showing the fastest growth, up 16 per cent. Highest penetration of skincare is among 17-24-year-olds and 45-54-year-olds (TNS Superpanel 2000). Sales of facial skincare products were worth £223.3m and grew by 6 per cent last year, thanks to moisturisers and cleansing wipes.

the signs of ageing from the inside. Its formulation is said to reduce four different types of wrinkles – expression lines, articulation lines, muscle-skin relaxation lines and position lines. Benefits can be seen after two to four months' use, say manufacturers Medestea. Ingredients include centella asiatica and grape seed bioflavonoids to stimulate collagen production; fish and borage oil, rich in polyunsaturates and

Continued on P24→



**Vichy's new Thermal S UV offers high UVA and UVB protection for skin**



**Thursday Plantation tea tree oil skincare products are specially designed to minimise irritation**





New Oilatum® Junior Cream.  
Gets to their itchy,  
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New Oilatum Junior Cream **SOOTHES** effectively and, being fragrance free, is gentle on the sensitive skin of children and babies. While it **REHYDRATES** it creates an emollient barrier on the skin that **PROTECTS** against further drying. And as you'd expect of an Oilatum skin treatment, our Junior Cream is suitable for eczema. For leaflets and **FREE SAMPLES**, call Stiefel Laboratories on 0800 783 6699.

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**Junior**  
**CREAM**

Soothes away the discomfort of children's and babies itchy dry skin condition. Suitable for eczema.

REHYDRATES & PROTECTS  
FRAGRANCE FREE





→ Continued from P22

antioxidants; lycopene, a powerful anti-oxidant; vitamin E.

Roc has launched its first skincare supplement - Chronoblock Prevention Nutritional Supplements - to combat ageing from the inside. They contain blackcurrant seed oil for its hydrating properties, lycopene, beta carotene, vitamin A and C and niacin.

Also new is Hydra Plus Active Vitamins, a foil-packed 24 hour moisturiser enriched with vitamins. It contains pure vitamin A, vitamin E, glycerin and UVA/UVB filters.

Lancaster has added five products to its Aquamilk skincare range, which includes lactic acid, coconut milk and rice milk for moisturisation. Products include Absolute Moisture Rich Cream (£15); Fresh Foaming Cleanser (£14); Fresh Toner (£14); Eye and Face Cleansing Water (£12.50); and Clear It All Mask (£14.50).

types: Clarity for normal to combination skins, Comfort for dry skins and Control for oily skins. The Clarity range comprises five products including a gel cleanser and a milk cleanser, two toners and a three in one cleanser, toner and eye make-up remover. The Comfort range includes three products - Mousse Confort, a mousse which turns into a cream on contact with water, Tonique Confort, a toning lotion, and Galatee Confort, a cleansing milk. The Control range comprises two products - Gel Controle, a foaming cleansing gel, and Tonique Controle, an astringent lotion.

Garnier has introduced Stop Anti-Ageing Daily Moisturiser, a combination of retinol and vitamin C, to reduce the appearance of fine lines and brighten skin tone. Until recently the two ingredients couldn't be used in a single formulation as both are readily oxidised on exposure to the air. Stop uses a triple phase emulsion to overcome this. It retails at £8.49.

Oil of Olay has added a body anti-ageing moisturising treatment to its Total Effects anti-ageing range. It is based on the VitaNiacin complex used in the facial products, with a higher content of glycerine and emollients to treat dry areas such as heels, elbows and knees.

L'Oréal has added Line Eraser Eyes to its Plenitude range, which includes concentrated Retinol in a gentle formulation.

The company has relaunched its Plenitude Revitalift range using new Nanosome technology, designed to take ingredients deeper into the skin.

Le Brun has introduced the Algamarin Marine Therapy range of anti-ageing products, based on marine extracts. Products include cleanser, toner, 24-hour cream, eye contour gel, facial masks and repair cream. Ingredients include the Pentamar complex which comprises sea-algae, proteins from wheat-placenta and collagen.

## Cosmetics news

Hydrasense Flawless Hydrating Make-up is the latest foundation from Rimmel. Designed for normal to dry skins it gives a luminous, flawless finish which will keep skin moisturised. It comes in six shades.

Helena Rubenstein's spring/summer collection has been inspired by the colours of the African landscape, with sunbaked browns contrasting with brilliant blues, greens and reds.

New to the cosmetics range is Crescendo mascara which includes a patented brush with multi-directional bristles to coat the whole lash surface, and a smooth formulation. It comes in four shades.

Long Optic from Christian Dior is a new mascara with a fluid, lightweight formulation that coats and smooths individual lashes and includes

ceramides to add strength. It comes in six shades.

Crayon Lumiere is the latest addition to Mavala's cosmetic range, which forms part of the spring/summer collection. These eyeshadow pencils (£6.75) can be used to blend, define and highlight and come in four shades. They are being offered as part of a package with four mini nail colours (£5.15) - Tropique, Arosa, Rose Thé and Reflecting Gold.

Crepe Powder Make-up is the latest foundation from Collection 2000. It contains silicone treated pigments, silk and vitamin E for improved performance and conditioning with UVA/B sunscreens. It gives a demi-matte finish and comes in three shades (£2.29 each).

Bright, fruity shades are the essence of Miners' spring/summer cosmetic collection. Latino Lifestyle includes rich purples, and raspberries, while Outrageously Kitsch includes hot pinks, and burnt oranges.

High gloss, transparent shades are the theme of Givenchy's spring/summer collection. New products include Laque Miroir Crystal lipgloss in six sheer colours; Vernis Miroir Crystal nail polish in four crystal shades; Vernis Miroir Multiple, a double action nail varnish and top coat in two metallic shades; Teint Miroir Soleil, a transparent cream foundation, in two shades.

Estée Lauder's spring cosmetic collection, Sheer Innocence, features colours such as soft pinks, corals, lilacs and limes. Products have light-reflecting pigments for a sheer glow.

Also new for spring is Fresh Air Continuous Moisture Tint SPF15, a lightweight cream with moisturizing benefits. It comes in four shades.

Clinique's spring collection features transparent colours, bold or shiny. A limited edition range of two for one products will be available - Lipstick doubles with bright colours on one end and shimmering highlights on the other; Glassware Doubles; and Blush Doubles.

Shine is the theme of Lancaster's spring cosmetics look, with new Light Enhancing Eyeshadow in beige, pink and taupe which can be used with new Shine Enhancing Eyecolour. Also new are Lip & Cheek crayon in raspberry and soft pink, and four new shades of Shine Enhancing Lipcolour.

Feather Finish is the new cosmetics range from Lenthéric. Designed to care for skin as well as add colour, it contains vitamin E and camellia oil. Products include Cream Concealer, Moisturising Foundation, Liquid Foundation, powder, blusher, mascara, lipstick and nail polish.

New to the Maybelline range for spring is Water Shine Lip Colour, the first wet look lipstick in a classic lipstick form. The advantage is that it doesn't leave lips feeling sticky and heavy just shiny and glossy. It's



**Christy's new Sunflower Sauna Facemask contains warming agents to draw out impurities**



**Mavala's Crayon Lumiere has a smooth, silky formulation**

available in 12 shades.

Mademoiselle Reve, the new Bourjois collection for spring/summer focuses on three key tones: pinks, rosies, mauves and bluey lilacs. For eyes there's Pastel Lumiere eyeshadow in Rose Innocent, Mauve Seduisant and Bleu Lavande; for lips there's Eclat de Rire lipstick in candy pink, lilac and coral; and for nails try Rose Charmant, Lilas Sucre or Mauve Gormand Antichock nail enamel.

Oil of Olay has launched its first anti-ageing lipstick, Total Effects Lipcolour. Containing the vitamin complex used in the facial anti-ageing products, it helps to combat the signs of ageing and also includes an SPF15 sunscreen. It comes in 24 shades.

Margaret Astor's spring collection focuses on bright floral shades. Lilac is a key colour, with pink, sky blue and red also strong. Eyeshadow Monos come in Bright Mauve, Aquamarine and Berry, while lips are coloured with Soft Sensation Lipstick in Satin Sand, Think Pink or Burning Love.

Neutrogena has branched out into cosmetics with the launch of SkinClearing make-up. The range is specially formulated for oily skin and is the only make-up range to contain salicylic acid to help keep skin free from spots. There are three products: Oil Free Foundation, Oil Free Pressed Powder and Under Cover Concealer Stick.



**Revi-Face is a new supplement which claims to fight ageing from the inside**

Estée Lauder has introduced Re-Nutriv Intensive Lifting Serum for dry, delicate skin. It contains phytosomes to give extra protection against the ageing effect of UV rays. Formulated with natural ingredients, such as mulberry, grape, green tea and liquorice, it also contains cholesterol sulfate and white birch extract to help skin repair, plus intensive moisturisers.

Givenchy's Firm Profile Serum contains extract of ruscus to help improve distribution of nutrients to the skin and eliminate toxins; Oxylastyl to reoxygenate skin cells; phytostimulines, to boost dull skin; seaweed extract gum, for soft, smooth skin.

Christy has extended its range of facemasks with the addition of Sunflower Sauna Facemask. This dual action mask contains warming agents to open up the pores, while kaolin is included to draw out and dissolve grime and excess oil. Glycerine softens skin, while a mineral complex nourishes skin cells.

Lancôme has launched a range of cleansers and toners to suit all skin



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every instance. If timing of intercourse is uncertain or occurred more than 72 hours earlier, conception may have already occurred. Following treatment if the next menstrual period is abnormal or more than five days late women should be referred to a doctor so that pregnancy may be excluded. If pregnancy occurs the possibility of an ectopic pregnancy should be considered. Explain importance of follow-up appointment and alteration to timing of next period (few days earlier or later). Exclude pregnancy in users of regular hormonal contraception if no bleeding occurs in the next pill free period. Not recommended for women with severe hepatic dysfunction. Emergency contraception does not protect against sexually transmitted infections. Repeat administration within a menstrual cycle is not advisable due to possible disturbances of the cycle. Efficacy might be impaired in women with malabsorption syndromes or drug interaction with concurrent drugs including barbiturates (primidone), phenytoin, carbamazepine, herbal medicines containing Hypericum perforatum (St John's wort), rifampicin, zidovudine, zalcitabine, zalcitabine, zalcitabine. Medicines containing levonorgestrel may

increase the risk of cyclosporin toxicity. Women with malabsorption or on interacting medicines should be referred to a doctor. Epidemiological studies indicate no adverse effects of progestagens on the foetus. Levonorgestrel is secreted into breast milk. Advise breast feeding women to take tablets immediately after a breast feed. **Side-effects:** Nausea, low abdominal pain, fatigue, headache, dizziness, breast tenderness, vomiting and diarrhoea. Bleeding patterns may be temporarily disturbed. **Trade price:** £11.06 per 1 x 2 tablets. **Legal classification:** P. **PL Number:** 05276/0017. **PL Holder:** Medimpex UK Limited, 127 Shirland Road, London, W9 2EP. **Distributor:** Schering Health Care Limited, The Brack, Burgess Hill, West Sussex, RH15 9NE. ©Levonelle is a registered trademark of Schering AG. **PI revised:** 13 December 2000. \*Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for Emergency Contraception. *Lancet* 1998;352:428-433. **Date of preparation:** December 2000. L0011077(b)



Kirit Patel looks at the various factors that can influence gross profit inside and outside the dispensary

# Maximising gross profits

**T**he easiest way of maximising gross profit in a pharmacy is to improve buying, the way the dispensary is run and how non-dispensing items are sold.

## Purchasing and stock management

Running an efficient purchasing and stock management system is very important. An efficiently maintained stock-turnover can go a long way to reducing the number of write-offs due to out of dates. Pharmacists can improve their stock management by following a few simple rules

- Using an EPoS system (electronic point of sale) for re-ordering is often more effective and less burdensome than a manual system. It can also provide useful and reliable usage data.
- Optimising stock level: keep stock to a minimum level while avoiding loss of sales or margin.
- Shopping around and buying stock up on a promotional cycle can reduce cost considerably.
- Economy of scale can be obtained by pooling resources or joining buying groups.
- Develop and follow a strict protocol for all incoming goods. Check for quantity and price, ensuring that the price charged is the one that was quoted.
- Check all invoices against the statement and request copies of any that are missing. If in doubt, proof of delivery should be requested from the supplier.
- Ensure that credit notes are not only received, but that the items returned are credited correctly, both in quantity and price.
- Make use of special prices on direct deliveries or transfer orders via a wholesaler. These orders often tend to have free bonus stock promised with the goods.
- Lastly, it is important to maintain a goods-in book and ensure that every delivery is logged in.

## Improving dispensing margins

### Treat prescriptions as invoices

Endorsing prescriptions correctly is possibly the most important issue connected with a pharmacy's NHS business. Since nearly 80 per cent of a

pharmacy's revenue is derived from dispensing, the importance of understanding the Drug Tariff cannot be over-estimated.

Every prescription should be treated as an invoice to the Prescription Pricing Authority (PPA) and special care should be taken to endorse correctly to achieve the maximum remuneration.

As nearly £400,000 of an average contractor's remuneration is derived from dispensing, the time spent on

understanding the Drug Tariff could be the best investment a pharmacist can make.

A recent exercise involving more than 100 Day Lewis managers revealed how complicated the endorsement of a single prescription can be. At the last Day Lewis conference Professor Ian Lewis (Portsmouth University) asked them to endorse the following prescription so as to maximise their reimbursement.

The prescription was for 500ml

Erythromycin Syrup 1.25mg in 5ml.

- Do you receive five dispensing fees? Do you receive five container allowances? What price do you get reimbursed?
- What is reimbursable when we endorse OP for a dressing pack or No dressing? The doctors usually mean a full pack when requesting OPs. However, the PPA interprets this as a single split pack thus grossly under-remunerating.
- What about understanding which



Jason Benetton



The PSNC has managed to win a temporary concession under which no typewritten prescription showing the patient to be either under age or above 65 will be switched for a period of one year. After this period all prescriptions not correctly signed will be switched.

My experience shows that every time we have installed an EPoS till in a Dea Lewis pharmacy, the gross margins have gone up by over 2 per cent, as many badly-priced items are immediately highlighted by the EPoS.

For all goods carrying VAT the factor used is 1.60. This gives an on cost including VAT of 36 per cent or a return on profit of 26.5 per cent. For example, assume a dozen hairsprays costing £12.00 excluding VAT (net cost £1.175p including VAT). Selling price = £12.00 x 1.60 divided by 12 = £1.60 including VAT.

Reposition all expensive goods such as razor blades and skincare products near the till.

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## GEHE wins bid for Italian pharmacies

GEHEAG has substantially increased its retail involvement in Italy after winning the bidding process for the biggest municipal company managing pharmacies in the country.



City officials in Milan accepted GEHE's offer for 80 per cent of A.E.M. Milan S.p.A., the company operating the city's 84 pharmacies and two dispensaries. For the last financial year A.E.M. Milan had recorded a turnover of Euro 71.5m (£44.1m).

The acquisition brings the total number of pharmacies owned by GEHE in Italy, Europe's third largest pharmaceutical market, up to 139.

"Not only due to its size, is the Milanese privatisation process of key importance for all market participants. We are therefore particularly pleased that our overall offer has convinced the city of Milan", said Dr. Fritz Oesterle, GEHE's chief executive.

## Tatfords becomes part of Phoenix

Graham Tatfords & Co, the Plymouth-based independent wholesaler, has officially become part of Phoenix Healthcare Distribution.

At an extraordinary general meeting on April 6 Tatfords' shareholders unanimously accepted the company's proposed acquisition by Phoenix Pharmahandel AG, Phoenix's German parent company.

"Although this is a somewhat sad moment for those of us with long associations with Tatfords, we still firmly believe that this offer represents the best interest of our customers and staff", said Martin Young, Tatfords' acting director.

## Pharmacy sales tumble

Pharmacists have reported a large drop in sales in March, according to figures released by the Confederation of the British Industry (CBI).

The CBI's latest 'Distributive Trades Survey' revealed that 34 per cent of pharmacists saw their retail sales fall while 24 per cent witnessed an increase in their turnover compared with 12 months ago.

Forty-two per cent of pharmacists reported no change, leaving a balance

# Numark Trading Ltd now 'open for business'

Numark Trading Limited (NTL), the 50:50 joint venture between Numark Ltd and Phoenix Medical Supplies, officially opened for business on April 2, after three months of intense preparations (see also *C&D* October 28).

The company has been in existence since January 1 but had focussed its efforts on finalising the pricing structure and preparing for forthcoming promotions. No procedural changes or formal transfer of ownership had been implemented until now.

As of last week NTL has assumed control of Phoenix's OTC-business and has started providing a once-weekly delivery service to independent pharmacists. All OTC-stock at Phoenix's Runcorn warehouse has been signed over to the new company. Phoenix's sales force has been contracted to promote NTL's business as well as continuing to market Phoenix's ethical business.

NTL's core promise is to offer independent pharmacists a combination of strong deals and competitive prices on OTC products, an area where independent pharmacists have increasingly been losing out to the multiples and the supermarkets.

The company has introduced a range of £0.99 retail lines, which include brand leaders such as Colgate toothpaste, Revlon shampoos and conditioners and Fairy soap. The everyday-low-price (EDLP) scheme has been relaunched, focusing on brand

leaders in the toiletry and baby care categories and other related product lines.

NTL's general manager, John Ross, said that the company might have to operate at slightly lower margins on those lines in order to enable pharmacists to compete. He added however that pharmacists had to be prepared to do the same.

NTL will continue with the Baby & You initiative, previously run by Numark, which includes well known brands such as Cow & Gate, Pampers and Heinz.

The new NTL price list has been distributed to Numark shareholders as well as to every Phoenix customer. Mr Ross was confident that the company would be able to persuade Phoenix customers to look seriously at NTL's offer and maybe even to consider becoming a Numark shareholder.

He pointed out that while NTL's service was open to all independent pharmacists Numark shareholders would be offered enhanced deals. To date NTL has signed up around 700 Numark members, all branches of Phoenix's retail chain (Rowlands Pharmacy) as well as taking over the OTC business of up to 2000 existing Phoenix customers.

Mr Ross said that the response from suppliers had been good. Initial concerns over Phoenix's commitment to NTL had been allayed by what Mr Ross called a clear message from the board



**John Ross, general manager Numark Trading Limited**

of Phoenix's German parent company (Phoenix Pharmahandel AG) that it wanted Numark to be an integral part of its future plans.

### IN BRIEF

**Alliance UniChem expands Italian wholesale interest**

Alliance UniChem (AU) has acquired the ethical wholesale division of the Italian pharmaceutical wholesaler Catena Farmaceutica dell'Adda for an undisclosed sum. The acquisition was made through AU's subsidiary Allenza Salute Italia (Allenza). Allenza's chief executive Ornella Barra said that the acquisition would increase Allenza's market penetration in the Milan area and would build on the good relationship with pharmacists and purchase groups throughout Italy. AU itself owns eight pharmacies in Italy.

**NCC acquires two Welsh pharmacies**  
National Co-operative Chemists (NCC) has acquired two pharmacies in Cardiff, bringing the total number of NCC pharmacies to 279. This figure includes more than 20 pharmacies in Wales. The company said that the purchase of the two businesses marked the beginning of renewed acquisition activity. NCC's chief executive, Roy Carrington, said the company would look keenly at further expansion throughout the UK over the coming weeks.

## Evans wins BCG-vaccines contract

Evans Vaccines, a wholly owned subsidiary of Powderject Pharmaceuticals, has won a major contract to supply the Department of Health with the BCG-vaccine as well as tuberculosis testing kits.

The exclusive two-year contract is

estimated to be worth £17m and covers both the children and adult versions of the vaccine. Evans said it expected to issue around 3 million doses of the vaccine this year.

The contract represents an important conclusion to the turnaround at the Speke manufacturing site near Liverpool.

The Evans vaccines site at Speke received over £50m of investment during the last few years and this contract demonstrates the world-class standard achieved by the team in Liverpool", said Paul R. Dryson, Powderject's chairman and chief executive. Powderject acquired the Evans Vaccines business from CelhMedeva last October for £5m. Apart from the BCG vaccine, Evans also produces the flu vaccine Fluorix and the yellow fever vaccine Aril.

of minus 10 per cent.

The figures represent a 33 point drop in the balance for the pharmacy sector compared with February and are also in stark contrast to the situation a year ago, when the balance was plus 40.

The retail sector in general continued to grow at a similar rate to February. The balance for retailing as a whole was plus 36, compared with plus 32 in the month before.



# Boots acquires leading dental laboratory

The Boots Company has acquired Portland Ceramics Limited, a major supplier of dentures, bridgework and restoration implants, for £1.63m.

Boots said it would invest a further £500,000 in the laboratory in the first 12 months of ownership to cater for the demands of the company's growing dental chain.

Boots currently operates 30 dental practices under the name Boots Dentalcare and plans to open a further 18 across the country by the end of June.

It has also established six 'Centres of Excellence' under the same name, which provide specialist dental services dental implants and minor surgical procedures.

"The acquisition of this laboratory means our patients can be sure of consistent quality being delivered with even greater efficiency", said Mark Hamburger, head of dental implant services at Boots Dentalcare.

The company also said that the deal was essential in the company's plans to develop a training programme for Boots dentists, eventually enabling them to carry out implant procedures. Patients are currently referred to one of the 'Centres of Excellence', where such procedures are performed by specialists.

The acquisition will officially be realised through the issue of unsecured loan notes, which are similar to an IOU.

# Survey reveals the importance of Pensions benefits

Pensions, increased holidays and free weekends emerged as the benefits that are most important to pharmacists in a recently published survey.

The Moss Pharmacy Workforce Study was conducted with the intention of looking at the reasons behind the current shortage of pharmacists and was intended to investigate the perceived value of different remuneration options. Questionnaires were sent out to 11,000 registered pharmacists of whom 2,806 responded.

The results of the survey showed that there was little variation between the age groups and the two genders in terms of their choice of the most attractive benefits, with pensions topping the list ahead of increased holiday entitlements in all categories except the under 25 age group.

Working as part of a supportive team and a Monday to Friday working week were identified as the top priorities for this particular age group. However, pensions still occupied third place even with younger pharmacists having recently left university.

The survey also revealed that male pharmacists put a higher priority on payment of bonuses (3rd) and private medical insurance (6th) than the average, where these benefits were ranked 6th and 13th respectively.

As was to be expected part-time work and jobshare opportunities were more important to female pharmacists, taking 3rd place in this category while not appearing in the top six benefits in the male category.

Both genders appeared to appreciate a Monday to Friday working week and working as part of a supportive team equally high, both groups ranking them 4th and 5th respectively.

The willingness to relocate was highest amongst male pharmacists under the age of 25 (74 per cent) and lowest amongst women pharmacists in the over 51 age group. Overall just over one in five pharmacists taking part in the survey would relocate if a new job opportunity arose.

As far as independent pharmacists were concerned an increased holiday entitlement was top of their list of extra bonuses, while their counterparts in hospital, industry and in multiples followed the general trend with their choice of pensions as the most desirable benefit.

For locum pharmacists the top priority appeared to be the ability to work part-time, closely followed by pensions and an increased holiday entitlement.

Mandy Whittall, senior business improvement executive at Moss Pharmacy and co-author of the study, said that for her the most surprising fact coming out of the survey was the consistency with which pensions and a Monday to Friday working week had emerged as the most important benefits. Having carefully analysed the data from the study Moss is now reviewing its pay and benefits packages for pharmacists. We are looking into changing the remuneration packages and offering more flexible pay packages", said Ms Whittall.

# Hospital working group calls for national product codes to help EDI

A hospital working group set up to promote the use of electronic data interchange in hospitals (PharmEDI), has called for the introduction of a national code for pharmacy products.

PharmEDI argued that translating the various local codes currently used

by hospitals into one national code would make transactions between manufacturers, wholesalers and hospital pharmacies easier.

While the PIP code is generally used as the standard product code in community pharmacies, no such code exists for hospital pharmacies. Furthermore, the PIP code does not include most products that are specific to hospital pharmacies.

PharmEDI also believes that introducing a national code would encourage the use of electronic patient records and electronic prescribing.

PharmEDI brings together hospital pharmacist, software suppliers, wholesalers and manufacturers to look at issues surrounding any form of electronic trading and electronic data exchange. There is no formal membership and PharmEDI's twice-yearly meetings are open to anyone from within the industry.

It is run by a voluntary committee, which includes representatives from AAH Hospital Service, UniChem, Pharmacia & Upjohn, Schering-Plough, Leo Pharmaceuticals and various NHS Trusts.

Meanwhile First DataBank, a

provider of medical and pharmaceutical database packages, has launched eDrugID, as system which promises to provide a uniform code aimed at uniquely identifying pharmaceutical products.

The new system is based on First DataBank's Multilex code, a 16-digit code identifying products down to their pack size. The company said that eDrugID holds up-to-date information on over 46,000 pharmaceutical products, including appliances, OTC-products, prescription medicines and homeopathic remedies. The system is updated on a monthly basis, initially via CD ROM.

David Howard, First DataBank's head of marketing and communications, said that the system was already widely used in the primary care sector and that the company had already installed the system at several hospitals, including Burton Hospital.

Mr Howard added that eDrugID had the potential to play a significant role in the electronic transfer of prescriptions in terms of indicating which medicinal product had been prescribed and dispensed and in which pack size.

## COMING EVENTS

### APRIL 17

**Fife Branch, RPSGB**, at the Dunnikier House Hotel, Kirkcaldy, 7.45pm. 'The Role of the Statutory Committee' by Brian Kirkwood, FRPharmS and Robert Wood, FRPharmS, members of RPSGB statutory committee. Also AGM.

### APRIL 18

**Scottish Borders Branch, RPSGB**, at the Buccleuch Arms Hotel, St Boswells, 7.30pm. Guest speaker Mr Roger Odd and AGM.

### APRIL 19

**Slough Branch, RPSGB**, at the John Lister Postgraduate Centre, Wexham Park Hospital, Slough, 7.15pm for 8pm. 'Pharmaceutical Care' by Professor Claire Mackie, Aberdeen School of Pharmacy.

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## FREE LEGAL ADVICE



Chemist & Druggist's web site – [www.dotpharmacy.co.uk](http://www.dotpharmacy.co.uk) – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – [pharmlaw@ubmint.com](mailto:pharmlaw@ubmint.com) – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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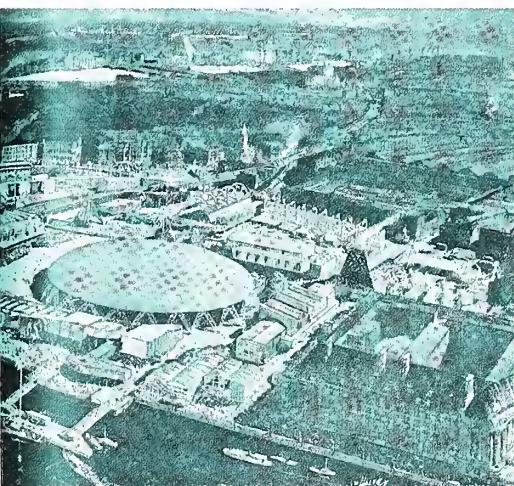
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# Back issues



The Festival of Britain, which was due to open on May 3, 1951, was causing much excitement throughout the country.

The Festival was intended 'to be a nationwide endeavour to display the British contribution to civilisation past, present and future in the arts, sciences, technology and industrial design.'

As a contribution to the Festival the Wellcome Foundation arranged an exhibition to illustrate the

history of pharmacy. It was open to the public every day, except weekends.

The 'Week in Parliament' report of the last issue in April 1951 included a question to the minister about the arrears in pricing of NHS prescriptions. The average delay was about nine months and he was not able to say when the situation would be rectified.

In 'Correspondence', a letter on the perennial problem of doctors' handwriting was received from a pharmacist named 'Overdose'.

The letter said that "in a time of a rota or epidemic it is a terrible strain on the chemist to have to decipher half-a-dozen badly written scripts and perhaps not get them right in the end". He continued: "The average one-man chemist is getting a heavy burden to carry, and any suggestions to ease it will be thankfully received by a weary chemist." Has the advent of computers done much to lift this burden?

But 100 years ago pharmacists could solve their financial worries by entering a C&D competition. The winner would receive the grand sum of a guinea by guessing the outcome of the Pharmaceutical Society council elections. Subscribers were asked to guess the names of the seven candidates they thought would be elected and place the names in the order in which they thought they would be returned at the poll.

The appointment of Mr Peter Wyatt Squire (pictured below) as chemist and druggist to King Edward VII's household was reported on the 'Personalities' page 100 years ago.

This office, originally created by Queen Victoria, had been held by his father, Mr Peter Squire, and on the Prince of Wales' accession to the throne the King naturally reappointed the younger Mr Squire to perform the apothecary's duties.

The reappointment was considered "more than a personal honour for it must be a gratification to all pharmacists to observe that the King has retained the direct representative of pharmacy upon it".

He was described as "worthy of the honour for he is an all-round pharmacist versed in every detail of the craft and as modest as they make them."

A motion calling on the Society to reduce the intake of students into schools of pharmacy and increase the number of pre-registration places was carried by a large majority at the British Pharmaceutical Students' Association Conference in April 1976.

Due to NHS cutbacks it was almost certain that there would be an excess of graduates this year.



## APPOINTMENTS

**Hiten Rawal** has been appointed as retail director for Nucare where he will head up retail acquisitions and management.

Nucare says Hiten brings a wealth of experience and expertise to the position having previously been a group purchasing director for AAH, as well as having considerable UK and European multiple and independent pharmacy experience.

Two senior appointments for the NHS have been announced: **Philip Champ**, previously chair of the Rampton Health Authority, will chair the NHS Logistics Authority and **Andrew Foster** will be the new director of Human Resources for the NHS.

**Hiten Rawal**

## Research in the pharmacy

Pharmacists will be able to help scientists search for a cure for cancer by leaving their computers idle. After downloading a screensaver from the internet the software will screen molecules for potential anti-cancer activity whenever the PC is not in use. The project is a joint collaboration between scientists in the US and researchers at Oxford University. They hope by harnessing the spare capacity of PCs they will speed up the task of screening up to 250 million chemicals. The screensaver can be downloaded free at [www.ud.com](http://www.ud.com).

## Jump to it

What better way to recover from a stressful week stuck in the dispensary than by jumping out of a plane?

The homeless charity, Shelter, is looking for hundreds of adventurous people to raise money by doing a solo 'static line' parachute jump from 3,000 feet or an exhilarating tandem skydive from 10,000 feet. The jump is free if you can raise at least £260. Further information is available from Shelter on 01394 286032 or [www.shelter.org.uk](http://www.shelter.org.uk).

## Star employee

Amlyn Ramage, a pharmacy manager at Boots the Chemist in Trowbridge, Wiltshire, has been named Trowbridge Employee of the Year for his commitment to customer service. Mr Ramage beat five other contenders in the competition, which is run by the Trowbridge and District Chamber of Commerce.

## Back to the Van

Jeremy Poole, hospital service director for AAH, is the latest in the industry to get a reminder of the challenges faced 'on the shop floor'. He shadowed Darren Charge, a driver from the Ruislip branch, on a hospital pharmacy van run.

At the end of the day Mr Poole described the experience as 'invaluable' adding: "As part of a management team it is essential to experience the day-to-day running of the business in order to understand and appreciate things from all angles. After all, if you don't understand all aspects of your business how is going to be a success?"

Who will be brave enough to go next?



Jeremy Poole, left, is pictured discussing the details of the van run with Darren Charge



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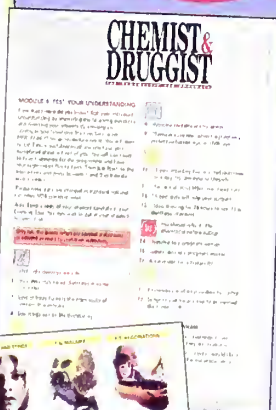
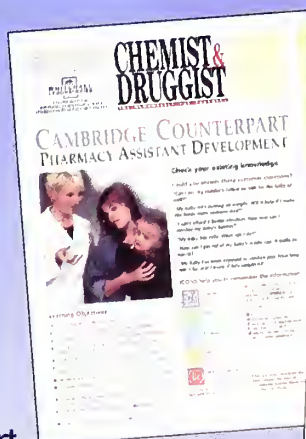
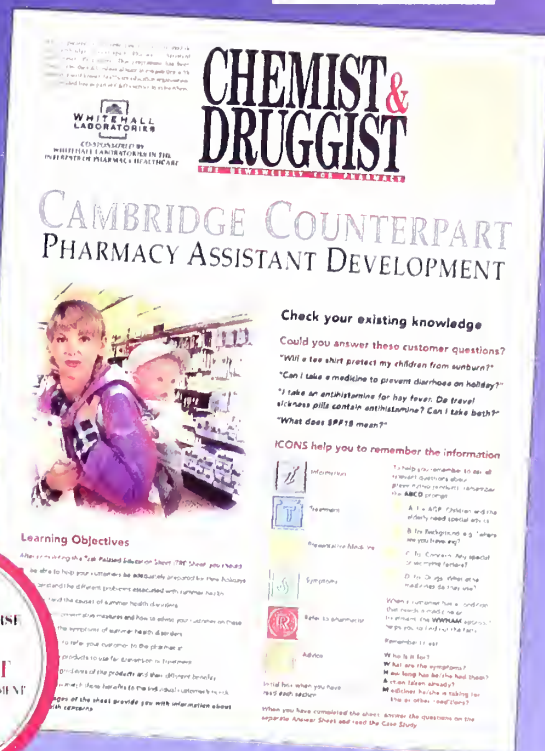
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